

**NOTICE OF INTENTION
TO HOLD HOSPITAL LIEN**

Notice is hereby given that **LAKESHORE HEALTH SYSTEM, INC** d/b/a St. Catherine Hospital whose principal address is 4321 Fir Street, East Chicago, Indiana, intends to hold a Hospital Lien for all reasonable and necessary charges for the hospital care, treatment or maintenance rendered to the Patient Named herein, in accordance with the provisions of I.C. 32-8-26-6, et. seq.. Said Lien shall attach to any cause of action, suit or claim accruing to said Patient, or in the event of the Patient's death, to his legal representative, because of the illness or injuries that gave rise to the cause of action, suit or claim, and necessitated the hospital care, treatment or maintenance referred to herein.

1. Patient Name and Address: Royce Little
6427 Woodard Ave
Hammond IN 46320

2. Operator of Hospital: Joseph M. Mark, President and CEO

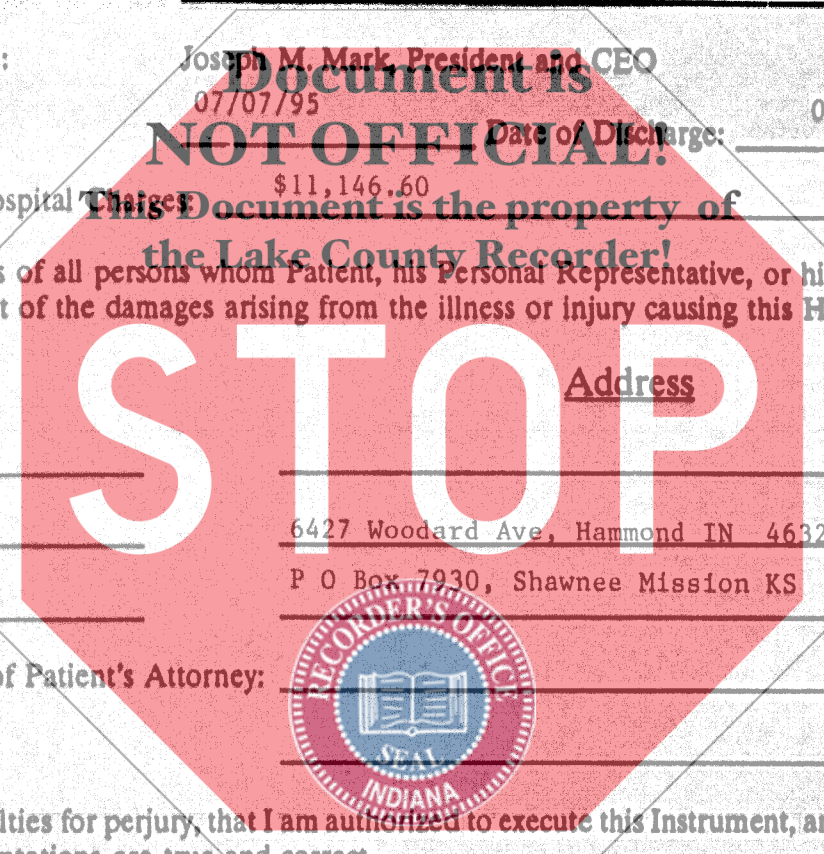
3. Date Of Admission: 07/07/95 Date of Discharge: 07/17/95

4. Amount Due For Hospital Charges: \$11,146.60

5. Names and addresses of all persons whom Patient, his Personal Representative, or his Attorney claims is responsible for payment of the damages arising from the illness or injury causing this Hospital Admission:

<u>Name</u>	<u>Address</u>
Royce Little	6427 Woodard Ave, Hammond IN 46320
Positive Care	P O Box 7930, Shawnee Mission KS 66207

7. Name and Address of Patient's Attorney: _____



95068576

I affirm, under the penalties for perjury, that I am authorized to execute this Instrument, and that the foregoing statements and representations are true and correct.

**LAKE SHORE HEALTH SYSTEM, INC.,d/b/a
St. Catherine Hospital**

By: Jean Broderick *Jean M Broderick*
Follow-Up
 Title

cc: Indiana Department Of Insurance
 311 West Washington Street, Suite 300
 Indianapolis, Indiana 46204-2787

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 95 NOV - 9 11:10
 MARGARET H. OWENLAND
 RECORDER

This Instrument Prepared By
THE LAW OFFICES OF JAMES E. DAUGHERTY
 8550 Broadway
 Merrillville, Indiana 46410
 (219) 769-5500

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