

**NOTICE OF INTENTION  
TO HOLD HOSPITAL LIEN**

Notice is hereby given that **LAKESHORE HEALTH SYSTEM, INC d/b/a St. Mary's** principal address is 1500 South Lake Park Avenue, Hobart, Indiana, intends to hold a reasonable and necessary charges for the hospital care, treatment or maintenance of **Nathan Berkman** Named herein, in accordance with the provisions of I.C. 32-8-26-6, et. seq.. Said Lien is a lien in favor of action, suit or claim accruing to said Patient, or in the event of the Patient's death, to the representative, because of the illness or injuries that gave rise to the cause of action which necessitated the hospital care, treatment or maintenance referred to herein.

- 1. Patient Name and Address: NATHAN BERKMAN  
2734 CRABAPPLE LANE HOBART, IND 46341
- 2. Operator of Hospital: Joseph Mark, President and CEO
- 3. Date Of Admission: DECEMBER 19, 1995 Date of Discharge: DECEMBER 19, 1995
- 4. Amount Due For Hospital Charges: 27,156.75

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

Name	Address
<u>ALLSTATE</u>	<u>PO BOX 11089 MERRILLVILLE, IN 46411</u>
	<u>AGENT: AMY KREIGER</u>
	<u>CLM NO: 2212387118PAK</u>

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

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. Mary Medical Center**

By: Carla Sparkowicz

PATIENT ACCOUNTS REPRESENTATIVE  
Title

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

*This Instrument Prepared By  
The Law Offices of James E. Daugherty  
8550 Broadway  
Merrillville, Indiana 46410  
(219) 769-5500*

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
96 APR 25 AM 8:51  
MARGARET L. COLEMAN  
RECORDER  
#7750