NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Notice is hereby given that LAKESHORE HEALTH SYSTEM, INC d/b/a St. Mary Medical Center wi principal address is 1500 South Lake Park Avenue, Hobart, Indiana, intends to hold a Hospital Lien for reasonable and necessary charges for the hospital care, treatment or maintenance rendered to the Pat Named herein, in accordance with the provisions of I.C. 32-8-26-6, et. seq.. Said Lien shall attach to any ca 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:	CYNTHIA LUCAS		
•	1206 RIVER TERRACE	HOBART, IN 46342	
	MILTON TRIANA	dent and CEO	
2. Operator of Hospital:	Docume	7/02/06	
3. Date Of Admission:	6/71/96	Date of Discharge: //02/96	
4. Amount Due For Hospital Charge	s: \$17168.70	e property of	
5. Names and addresses of all person responsible for payment of the dame	Law Designs his Dagen	not Penresentative, or his Attorney	_
Name Common as 60	26	Address 35 45th, Highland, IN	96062
Prudential Insurance CO. Plan # 22830			28
Plan Member ID # 3036886 Claim # 1-96197-10-44759	47 -00010		65
	TER'S		
7. Name and Address of Patient's A	Attorney:	CE	
	J. S. A.L.	I also to the second shot the	foregoing B
I affirm, under the penalties for perj statements and representations are	ury, that I am authorized to true and correct.	execute this Instrument, and that the	
	LAKE SHORE HEALT St. Mary Medical Center	H SYSTEM, INC.,d/b/a r	20 AH
	By: Mare I	- Aact Rep.	P 20 AM 8: 43 RECORDER
	Title	1,7	

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

cc:

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