

**NOTICE OF INTENTION  
TO HOLD HOSPITAL LIEN**

Notice is hereby given that **LAKESHORE HEALTH SYSTEM, INC d/b/a St. Mary Medical Center** whose principal address is 1500 South Lake Park Avenue, Hobart, 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: GARUS, Dru  
848 N 450 W VALPARAISO, IND. 46368

2. Operator of Hospital: Milton Triana C.E.O.

3. Date Of Admission: MARCH 17, 1997 Date of Discharge: MARCH 25, 1997

4. Amount Due For Hospital Charges: \$16,562.80

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>
<u>BLUE CROSS OF ILLINOIS</u>	<u>P.O.#1364 CHICAGO, ILLINOIS 60690</u>
<u>Ernest Garus (Husband)</u>	<u>848 N 450 W. Valparaiso, IN</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: *Patricia Boyer*  
PATIENT ACCOUNTING REP., BILLER  
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

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STATE OF INDIANA  
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