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:	REFECCA COOPER	
	2752 RIVERPARK DRIVE LAKE STATION, IND	46405
2. Operator of Hospital:	Milton Triana C.E.O.	-
3. Date Of Admission:	MARCH 17, 1997 Date of Discharge: MARC	H 18,1997
4. Amount Due For Hospital Cha	is Document is the property of the Lake County Recorder!	970
5. Names and addresses of all pen	sons whom Patient, his Personal Representative, or his images arising from the illness or injury causing this Ho	
Name ALLSTATE INSUR.CO.,	Address P.O.#11089 MERRYLIN 46411 ATTN: VICKY	
7. Name and Address of Patient's	Attorney: Unknown	
I affirm, under the penalties for pe statements and representations ar	erjury, that I am authorized to execute this Instrument, and re true and correct.	And the foresome Colors of the Colors of th
	Education Drug 12/199 By: Catalian Drug 12/199 But Catalian Dille Cataling Title	RECORD RECORD RECORD CARTER CARTER
cc: Indiana Department Of In 311 West Washington Stre Indianapolis, Indiana 462	nsurance eet, Suite 300	

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

Rev. 1/95

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