

**NOTICE OF INTENTION
TO HOLD HOSPITAL LIEN**

Notice is hereby given that 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 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: **Travis Priester**
908 - 115th Street, Apartment 5
Whiting, Indiana 46394
2. Operator of Hospital: **JoAnn Birdzell**
3. Date Of Admission: **2/1/97** Date of Discharge: **2/1/97**
4. Amount Due For Hospital Charges: **\$425.10**

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>
Unknown	Unknown

7. Name and Address of Patient's Attorney: **Ray L. Szarmach**
260 East 90th Drive
Merrillville, IN 46410

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 to the best of my knowledge and belief.

St. Catherine Hospital

By: *Barbara Stone*

Collector
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
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