

**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: MICHAEL H. GUTIERREZ

53 NORTH 700 WEST VALPARAISO, IND 46368

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

3. Date Of Admission: FEBRUARY 12, 1997 Date of Discharge: FEBRUARY 26, 97
cycle billing)

4. Amount Due For Hospital Charges: \$1058.00 (continued billing of cycle charges)

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>CHMO POINT OF SERVICE</u>	<u>540 NORTH LASALLE STREET CHICAGO, IL 60610</u> <u>PH#312-751-4460</u>
<u>STATE FARM INSURANCE COMPANIES</u>	<u>P.O.#2150 VALPA., IND. 46368-2150</u>

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

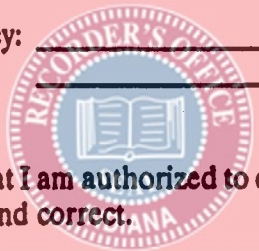
I affirm, under the penalties for perjury, that I am authorized to execute this Instrument, and that the foregoing statements and representations are true and correct.

**LAKE SHORE HEALTH SYSTEM, INC., d/b/a
St. Mary Medical Center**

By: *Patricia J. Boyer*
PATIENT ACCOUNTING - 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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MORRIS W. WALTER
RECORDER

97 APR 19 PM 8:33

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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#8295
Rev. 1/95