

8743308

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: Ruth B. Setty
524 W. 9th Place, Hobart, Indiana 46342

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

3. Date Of Admission: 11-12-96 Date of Discharge: 11-12-96

4. Amount Due For Hospital Charges: 253.25

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>Unknown</u> | |
| | |
| | |

7. Name and Address of Patient's Attorney: N. Ruff
521 E. 96th Place, Suite R Merrillville, IN 46410

97026137

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: [Signature]
Title

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

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 APR 29 AM 8:50
MORRIS W. CARTER
RECORDER

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