

**NOTICE OF INTENTION  
TO HOLD HOSPITAL LIEN**

Notice is hereby given that **LAKESHORE HEALTH SYSTEM, INC** d/b/a 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 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: ALLEN OBARSKI 4932 TOD AVE. E CHICAGO, IN 46312  
 2. Operator of Hospital: Mark Rogers C.O.O. - C.F.O.  
 3. Date Of Admission: 9/19/97 Date of Discharge: 9/19/97  
 4. Amount Due For Hospital Charges: \$ 1,903.75

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>INSURED JESSE H RODRIGUEZ</u>	<u>4932 TOD AVE E CHICAGO, IN 46312</u>
<u>POLICY# 55RBA474033</u>	<u>INSURANCE ITT HARTFORD INS PO BOX 58930, INDIANAPOLIS IN 46268</u>
<u>CLAIM # 565L12121</u>	<u>ADJUSTER TANYA WHITFIELD</u>
<u>DATE OF ACCIDENT 7/19/97</u>	<u>WALTER J ALVAREZ 1524 W 96TH AVE. DOWNERS GROVE, IL 60407</u>

7. Name and Address of Patient's Attorney:

STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 97 OCT - 1 AM 8:53  
 MORRIS  
 REC'D  
 CARRER

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. Catherine Hospital**

By: DOLORES FLORES *Dolores Flores*  
FINANCIAL COUNSELOR  
 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

*10/20  
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