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:	Risch, Richard J.	
	5400 Van Buren Street Merrillville, IN	46410
2. Operator of Hospital:	ilton Triana C.E.O.	
3. Date Of Admission:	07/31/97 Date of Discharge:07/31/9	9
4. Amount Due For Hospital Charges:	3710.50	06
	om Patient, his Personal Representative, or his Attornerising from the illness or injury causing this Hospital A	
<u>Name</u> Kule S. Kanjak	Address	
c/o New South Insurance Claim # 9358556	P.O. Box 2020, Burlington, NC 27216	
7. Name and Address of Patient's Attorney	y: Unknown	S. L. 6
statements and representations are true and LAK	E SHORE HEALTH SYSTEM, INC., d/b/a Partition fultry Title	

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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