## 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:	AMANDA POSKIE	#8794204	
	378 B.W. 550 N.	VALPARAISO, IN \$¢	46383
2. Operator of Hospital:	Milton Triana	C.E.O.	
3. Date Of Admission:	09-08-97	Date of Discharge:	09-08-97
4. Amount Due For Hospital Charg	ges: <u>427.00</u>		
5. Names and addresses of all persones responsible for payment of the dame	ons whom Patient, his Per pages arising from the illn	sonal Representative, or less or injury causing this l	nis Attorney claims is Hospital Admission:
<u>Name</u> Unknown	<u>Address</u>		
7. Name and Address of Patient's A	Attorney:U	nknown	707
I affirm, under the penalties for perjustatements and representations are	ary, that I am authorized to true and correct.	execute this Instrument, a	and that the foregoing
	LAKE SHORE HEALT St. Many Medical Cente	TH SYSTEM, INC.,d/b/a	
	By: Little Title	usa Pritter	STATE LAN FILED 97 OCT MORRI
ce: Indiana Department Of Insu 311 West Washington Street Indianapolis, Indiana 46204	rance Suite 300		OF INDIAN, E COUNTY FOR RECOR
This Instrument Prepared By The Law Offices of James E. Daughe 8550 Broadway Merrillville, Indiana 46410	ny .		RD RD

(219) 769-5500