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:	DEBORAH LYNN GORDON
<u>:</u>	2913 MIAMI STREET LAKE STATION IN 46405
2. Operator of Hospital:	Milton Triana C.E.O.
3. Date Of Admission: CYCLE	8/25/97 9/23/97 Date of Discharge:
4. Amount Due For Hospital Charges	\$2,042.25
5. Names and addresses of all persons whom Patient, his Personal Representative, or his Atterney claims is responsible for payment of the damages arising from the illness or injury causing this Hospital Admission:	
Name AMERICAN GENERAL	Address 1949 E SUNSHINE SPRINGFIELD MO 65899-0001
POLICY# 13A794097 TEAMCARE	ATTN EDA BATES 1-800-333-2861 EXT 2614 PO BOX 5116 DES PLAINES IL 60017
MEDICARE 7. Name and Address of Patient's Att	INDIANAPOLIS IN
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 1955 St. Mary Medical Center	
	By: LISA PLENIUS ON A LIVER THE STATE OF THE
Title C: Indiana Department Of Insurance 211 West Workington Street Suite 300	

311 West Washington Street, Suite 300 Indianapolis, Indiana 46204-2787

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