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:	MARK MCDANIEL
	924 LAKE GEORGE DRIVE HOBART IN 46342
2. Operator of Hospital:	Milton Triana C.E.O.
3. Date Of Admission:	SEPTEMBER 5, 1997 Date of Discharge: SEPTEMBER 12, 1997
4. Amount Due For Hospital Charg	ges: \$12.164.15
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:	
Name BLUE CROSS OF ILLINOIS Group # N06008 Policy # 309825713	Address PO BOX 1364 CHCIAGO IL 60690
7. Name and Address of Patient's A	Attorney: Unknown
I affirm, under the penalties for perjustatements and representations are C: Indiana Department Of Inst	LAKE SHORE HEALTH SYSTEM, INC.,d/b/a St. Mary Medical Center By: LISA PLENIUS BILLER Title Title

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

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