

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

Notice is hereby given that St. Catherine Hospital, Inc. 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: JASMINE BROACH
7143 KENTUCKY AVE HAMMOND IN 46324

2. Operator of Hospital: MARK ROGERS, C.O.O., C.F.O.

3. Date Of Admission: 11/13/97 Date of Discharge: 11/13/97

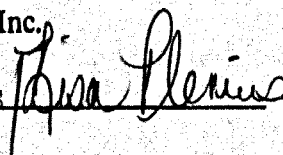
4. Amount Due For Hospital Charges: \$5,909.75

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:

Name	Address
HEALTHSTAR/LOCAL 41-81	PO BOX 31810 INDEPENDENCE OH 44131

6. Name and Address of Patient's Attorney: Unknown

I affirm, under the penalties for perjury, that I am authorized to execute this Instrument, and that the statements and representations are true and correct to the best of my knowledge and belief.

St. Catherine Hospital, Inc.
 By: LISA PLENIUS 
BILLER
 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

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 97 DEC 17 AM 3:03
 MORRIS W. CUTLER
 RECORDER

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