

**NOTICE OF INTENTION
TO HOLD HOSPITAL LIEN**

Notice is hereby given that St. Mary Medical Center, Inc. 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: JANET DEMESE
5711 E 5TH AVE PLACE
GARY IN 46403
2. Operator of Hospital: MILTON TRIANA, C.F.O.
3. Date Of Admission: 2/21/98 Date of Discharge: 2/26/98
4. Amount Due For Hospital Charges: \$9,918.33

980241511

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
FARMERS INSURANCE COMPANY Claim #: CL0198001037	P.O. Box 5100, Des Plaines, ILL 60017

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
98 FEB 17 AM 8:10

7. Name and Address of Patient's Attorney: ATTORNEY RAY KUJOVICH
5261 HOHMAN AVE HAMMOND IN 46320

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 to the best of my knowledge and belief.

St. Mary Medical Center, Inc.
By: LISA PLENIUS *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

1000 KM

CK# 8914