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:	CRITCHFIELD, TAMARA	
-	1261 VILLAGE DR #38 LEXINGTON,	KENTUCKY 40511
2. Operator of Hospital:	Milton Triana C.E.O.	
3. Date Of Admission:	Date of Discharge:	5/9/98
4. Amount Due For Hospital Charges:	\$16.479.75 property of	
5. Names and addresses of all persons who responsible for payment of the damages ar	om Patient, his Personal Representative, crising from the illness or injury causing the	his Attorney claims is Hospital Admission:
Name PROGRESSIVE INSURANCE	Address MERRILLVILLE, IN: 618 W	O O lest 8C3t Street
ADJUSTOR GREG	PHONE NO: 219 650 7011	, Territoria 📻 Marang Matalia
John Mihalak	Unknown	The state of the state of the state of
7. Name and Address of Patient's Attorne	y: Uknown	00
I affirm, under the penalties for perjury, tha statements and representations are true ar		t, and that the foregoing
	E SHORE HEALTH SYSTEM, INC.,d/b lary Medical Center	
Ву:	PATIENT ACCOUNT REPRESENTATION	TATE OF IND LAKE COUNT LED FOR RE JUN 23 AN PEOOL SE
cc: Indiana Department Of Insurance 311 West Washington Street, Suite Indianapolis, Indiana 46204-2787	Title 300 CK [#] 5906	PHY COND 9: 1.8
This Instrument Prepared By The Law Offices of James E. Daugherty 8550 Broadway Merrillville, Indiana 46410	CK#5900 CS 10	,,00

(219) 769-5500

Rev. 1/95