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:	CHESTER CZAZASTY	
	6546 POTOMAG PORTAGE IN 463	368
		9
2. Operator of Hospital:	MILTON TRIANA, C.E.O.	0
3. Date Of Admission:	15/28/98 ment Date of Discharge:	5/28 298
4. Amount Due For Hospital Charges		39
5. Names and addresses of all perso	ns whom Patient, his Personal Representative, ges arising from the illness or injury causing this	or his Attorney claims is Hospital Admission:
Name MEDICARE	PO BOX 7064 INDIANAPOLIS I	N 46368
MAXICARE	9480 PRIORITY WAY WEST DRI	VE INDIANAPOLIS IN 46240
7. Name and Address of Patient's Atte	orney: GREGORY SARKISIAN 6165 CENTRAL AVENUE PORTAGE IN 46368	.0117 .020
statements and representations are tre	ry, that I am authorized to execute this Instrumente and correct to the best of my knowledge and St. Mary Medicai Center, Inc.	ent, and that the foregoing belief.
	By: LISA PLENIUS · CISA PLEN	mis)_
•	BILLER	4
	Title	
ce: Indiana Department Of Insura 311 West Washington Street, S Indianapolis, Indiana 46204-27	Suite 300	·
This Instrument Prepared By The Law Offices of James E. Daugherty 8550 Broadway	,	

Merrillville, Indiana 46410

(219) 769-5500

CX # 09045

Rev. 10.07