

**NOTICE OF INTENTION
TO HOLD HOSPITAL LIEN**

Notice is hereby given that **LAKESHORE HEALTH SYSTEM, INC** d/b/a St. Catherine Hospital 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: LEONARD BRISKI
4819 NORTHCOTE AVE EAST CHICAGO, IND 46312

2. Operator of Hospital: Mark Rogers C.O.O. - C.F.O.

3. Date Of Admission: 5/11/98 Date of Discharge: 5/18/98

4. Amount Due For Hospital Charges: \$13890.40

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:

<u>Name</u>	<u>Address</u>
INDIANA INSURANCE	800 DEARCREEK SCHERERVILLE, IN 46375
	POLICY NO 33P 285539

7. 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 foregoing statements and representations are true and correct.

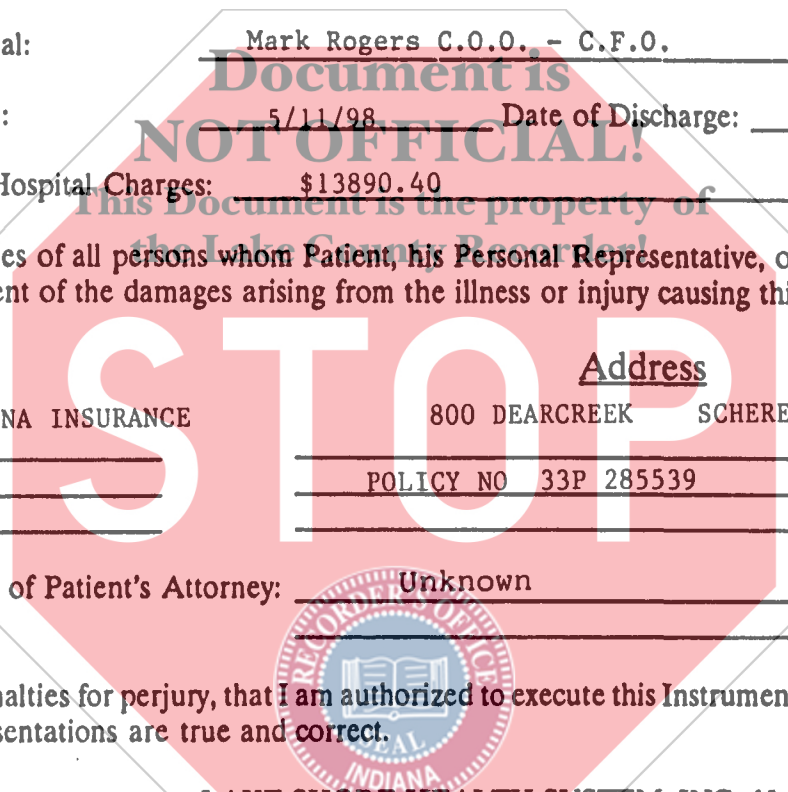
**LAKE SHORE HEALTH SYSTEM, INC.,d/b/a
St. Catherine Hospital**

By: *Carla Spadovini*
PATIENT ACCOUNT REP
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*

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