99087190

Hobart, Indiana

99 OCT 22 AM ID: 27 NOTICE OF INTENTION TO HOLD HOSPITAL LIEN RECORDER

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 ilness 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: Amy L Mebert

Amy L Mebert ecorder!

Hobart IN 46342-

2. Operator of Hospital:

Milton Triana - C.E.O.

3. Date of Admission: 07/19/99
Date of Discharge: 07/19/99

4. Amount Due For Hospital Charges: \$1,332.45

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
ALLSTATE INSURANCE CO.

Address

1000 E 80TH PLACE SUITE 750 S MERRILLVILLE, INDIANA 46410

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 foregoing statements and representations are true and correct to the best of my knowledge and belief.

St. Mary Medical Center, Inc.

By: Parkous Step - Jun Heims Surpervisor

Title collecter

cc: Indiana Department of Insurance 311 West Washington Street, Suite 300 Indianapolis, IN. 46204-2787

Hospital Attorney:

The Law Offices of James. E. Daugherty

8550 Broadway

Merrillville, Indiana 46410

(219) 769-5500

A HEALTH MINISTRY OF THE POOR HANDMAIDS OF JESUS CHRIST

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