St. Mary Medical Center
Hobart, Indiana

Patient Financial Services
111 W. 10th Street Suite 103
Hobart, IN. 46342
Phone: (800) 228-3556
Local: (219) 947-7791

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 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.

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1. Patient Name and Address: Dawn I Vespo
   601 Windsor Dr
   Valparaiso IN 46385-
2. Operator of Hospital: Milton Triana - C.E.O.
3. Date of Admission: 10/27/99
   Date of Discharge: 10/28/99
4. Amount Due For Hospital Charges: $6,566.51
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
   UNKNOWN
6. Name and Address of Patient's Attorney:
   UNKNOWN

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2000 JUL 17 PM 12:08 RECORDER

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: [signature]
Title collector B Hutton

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

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