

**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 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: Letha Fusko  
2228 Wayne St  
Lake Station IN 46405-
2. Operator of Hospital: Milton Triana - C.E.O.
3. Date of Admission: 03/13/00  
Date of Discharge: 06/09/00
4. Amount Due For Hospital Charges: \$2,517.05
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

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: *Melissa Will*

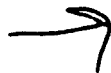
Title *Collector*

*Lisa Dennis*  
*Supervisor*

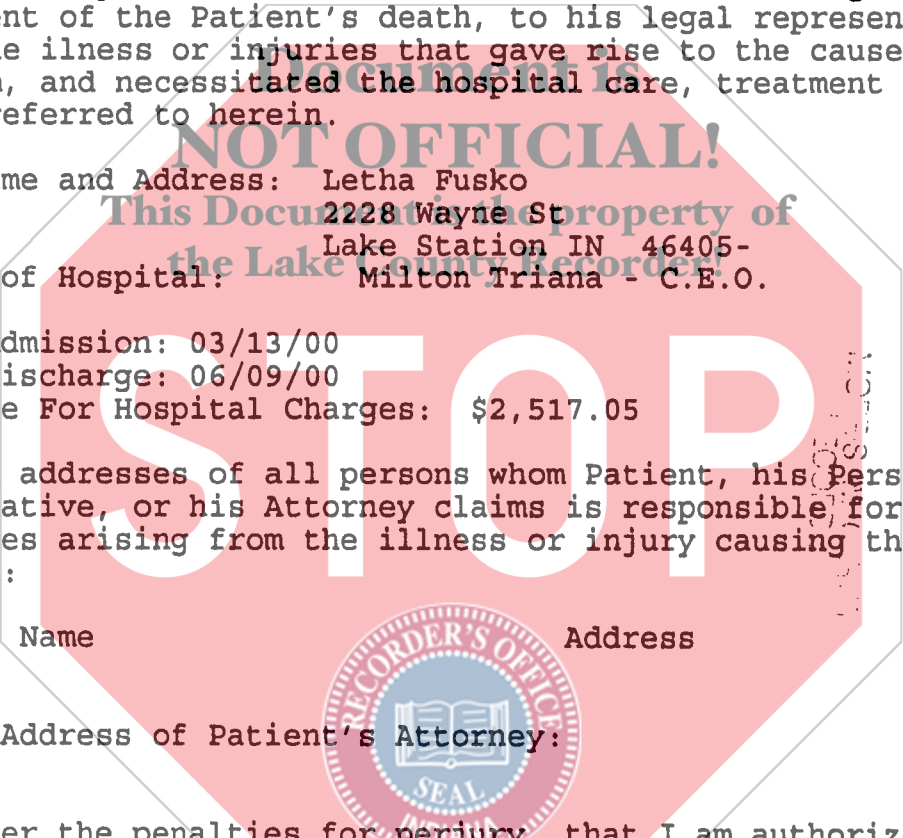
cc: Indiana Department of Insurance  
311 West Washington Street, Suite 300  
Indianapolis, IN. 46204-2787

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



2003 JUN 10 9 51 AM '00  
929

2003 JUN 10 9 51 AM '00  
FILED FOR  
STATE OF INDIANA  
LAKE COUNTY RECORDER

10515  
AM  
10.00

HDBNCLTR1P

25x