

**St. CATHERINE HOSPITAL**  
 East Chicago, Indiana  
 A HEALTH MINISTRY OF THE  
 POOR HANDMAIDS OF JESUS CHRIST

**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. Catherine Hospital, Inc. 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: **Marcelo Garcia**  
 3832 Deodar Street  
 East Chicago, IN 46312-
2. Operator of Hospital: **Mark Rogers - C.E.O.**
3. Date of Admission: 05/20/00  
 Date of Discharge: 05/23/00
4. Amount Due For Hospital Charges: \$8,820.50
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
PROGRESSIVE AUTO INSURANCE CO. CLM# 004731497 650-7012 CINDY	618 W. 81ST ST. MERRILLVILLE, IN 46411

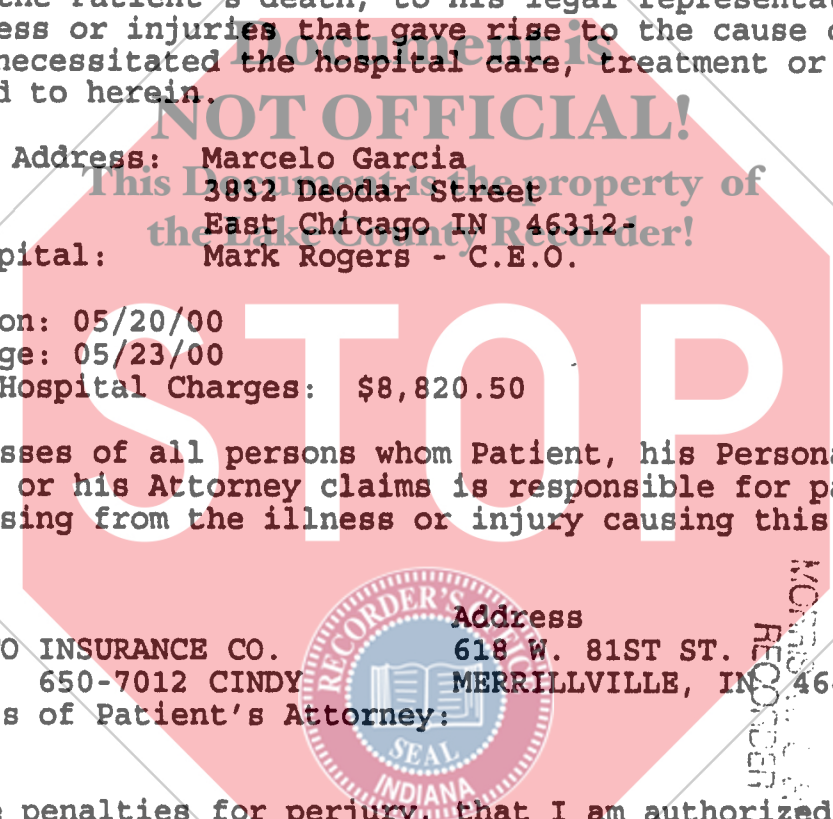
6. Name and Address of Patient's Attorney:  
 UNKNOWN

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. Catherine Hospital, Inc  
 By: *Melissa Will* *Lisa Pleuss*  
 Title *Collector* *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



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STATE OF INDIANA  
LAKE COUNTY  
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