ST. MARY Medical Center

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.

1. Patient Name and Address: Barbara Puscak 183 Harvest Drive

Dyer IN 46311-

2. Operator of Hospital: Milton Triana - C.E.O.

Date of Admission: 01/15/02 Date of Discharge: 01/15/02 3.

Amount Due For Hospital Charges: 4. \$730.60

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:

the Lake County Recorder!
Address Name STATE FARM INSURANCE CO P.O BOX 13000 CLAIM 141466763 MERR., IN 46410

Name and Address of Patient's Attorney: ATTORNEY TRICIA HAUBER 110 1109 GLENDALE BLVD.,

KENNETH ALLEN ASSOC. VALPARISO, IN 46383 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,

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

Phone: (219) 947-7791 (800) 228

111 W. 10th Street Suite 103 Hobart, IN. 46342

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