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NOTICE OF INTENTION TO

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 Mognital Lies for all reasonable and necessary charges for the hospital address is 1500 South Lake Park Avenue, Hopart, Indiana Intends to Hotal a Hospital Lien for all reasonable and necessary charges for the hospital 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 accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provisions of I.C. 32-8-26-6, et. seq. Said Lien accordance with the provision accordance with the provision accordance with the provision accordance with suit or claim, and necessitated the hospital care, treatment or maintenance referred to herein.

1. Patient Name and Address:

Oscar Chavez 11032 S Ave J

Chicago IL 60617-

Operator of Hospital: 2. .

Milton Triana - C.E.O.

Date of Admission: 04/16/02 3.

4.

Date of Discharge: 04/16/02

Date of Discharge: 04/16/02

Amount Due For Hospital Charges: \$345.80

Names and addresses of all persons whom Patient, his Personal

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: 5. the Lake County Recorder! Admission:

Name

Name and Address of Patient's Attorney: UNKNOWN

and belief.

I affirm, under the penalties for perjury, that I am authorized to execute this representations and belief

St. Mary Medical Center, Inc.

By: Grab Ster

Title Collector

Duplowson

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

Hospital Attorney:

The Law Offices of James. E. Daugherty 8550 Broadway Indiana 46410

Merrillville,

(219) 769-5500