## ST. MARY Medical Center

AKE COUNTY FILED FOR RECORD

2002 0486 7 DLD HOSPITATION TO 14

Notice is hereby given that St. Mary Medical Center, Inc. whose principal address is 1500 South Lake Park Avenue, Hobart, That and Artends 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: Sandra R Solomon

7104 Colorado St

Merrillville IN 46410-

Operator of Hospital:

Milton Triana - C.E.O.

Date of Admission: Date of Discharge: 01/04/02 01/24/02

Amount Due For Hospital Charges: \$1,629.94

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: This Document is the property of

> the Lake County Recorders Name

UNKNOWN

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.

Mary Medical Center, Inc

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

Hospital Attorney:

The Law Offices of James. E. Daugherty

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Indiana 46410

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