ST. MARY Ledical 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 Merein, in accordance with the provisions of I.C. 32-8-26-6, et. seq. Sand Lien shall attach to any cause of action, suit or claim accruing tesaid 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 maintenance referred to herein.

1. Patient Name and Address: Andrew Jazyk

9047 Hess Drive Highland IN 46322-

Operator of Hospital:

Milton Triana - C.E.O.

Date of Admission: 06/19/02

Date of Discharge: 06/20/02

9247550

Amount Due For Hospital Charges: \$14,999.73

Names and addresses of all persons whom Patient, his Rersonal 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

MERRI EVIËLE, IN 46410 16 W 84TH DRIVE STATE FARM INSURANCE CO CL# 0014534E21-14B

AGENT STACY GLEASON 738-6316 CL# 0014 Name and Address of Patient's Attorney: 6.

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 CC:

Indianapolis, IN. 46204-2787

Hospital Attorney:

The Law Offices of James. E. Daughert

8550 Broadway

Indiana 46410 Merrillville,

(219) 769-5500

Phone: (219) 947-7791 (800) 228-3556

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