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 action, suit or claim, and necessitated the hospital care, treatment or maintenance referred to herein.

1. Patient Name and Address: Kyle D Ladd

1506 Vale Park Rd J#1203

Valparaiso IN 46383-Operator of Hospital: Milton Triana - C.E.O.

3. Date of Admission: 09/20/02 Date of Discharge: 09/20/02

Name

9272886

4. Amount Due For Hospital Charges: \$1,156.22

5. Names and addresses of all persons whom Patient, his Personal Representative, or his Attorney claims is responsible for perment of the damages arising from the illness or injury causing this Hospital Admission:

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the Lake County Recaders

UNKNOWN

2.

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

I affirm, under the penalties for perjury, that I am authorized to execute this representations are true and correct to the best of my knowledge and belief.

St. Mary, Medical Center, Inc.)

By: full the Collection Will Illius

asurance
eet, Suite 300

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, (219) 769-5500

Indiana 46410

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

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