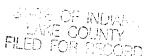
ST. CATHERINE Hospital



2004 ONOTHER OF INTENTION TO

Notice is hereby given that St. Catherine Hospital, Inc. whose principal address is 4321 Fir Street, East Chicago, 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 illness 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: Vincent J Parisi

2220 Wheeler St

Gary IN 46406-Operator of Hospital: Mark Rogers - C.E.O.

Date of Admission: 03/28/04 Date of Discharge: 03/30/04 3.

1261711

Amount Due For Hospital Charges: 4. \$5,856.55

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 Recorder! Name

Unknown

2.

Name and Address of Patient's Attorney:

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. Catherine Hospital, Inc.

Title

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

Hospital Attorney:

The Law Offices of James E. Daugherty 8550 Broadway

Merrillville, Indiana

(219) 769-5500

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

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

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