

St. Catherine Hospital

NOTICE OF INTENTION TO
HOLD HOSPITAL LIEN

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: Stephanie M Ferrell
7555 S Chappel
Chicago IL 60649-
2. Operator of Hospital: Lou Molina - C.E.O.
3. Date of Admission: 11/26/04
Date of Discharge: 11/26/04 1325094
4. Amount Due For Hospital Charges: \$2,734.73

5. 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:

Name	Address
STATE FARM INS CLM#138750578	2702 IRELAND GROVE RD BLOOMINGTON, IN 61702

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.
By:



Title

Loa Plinius
Supervisor

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

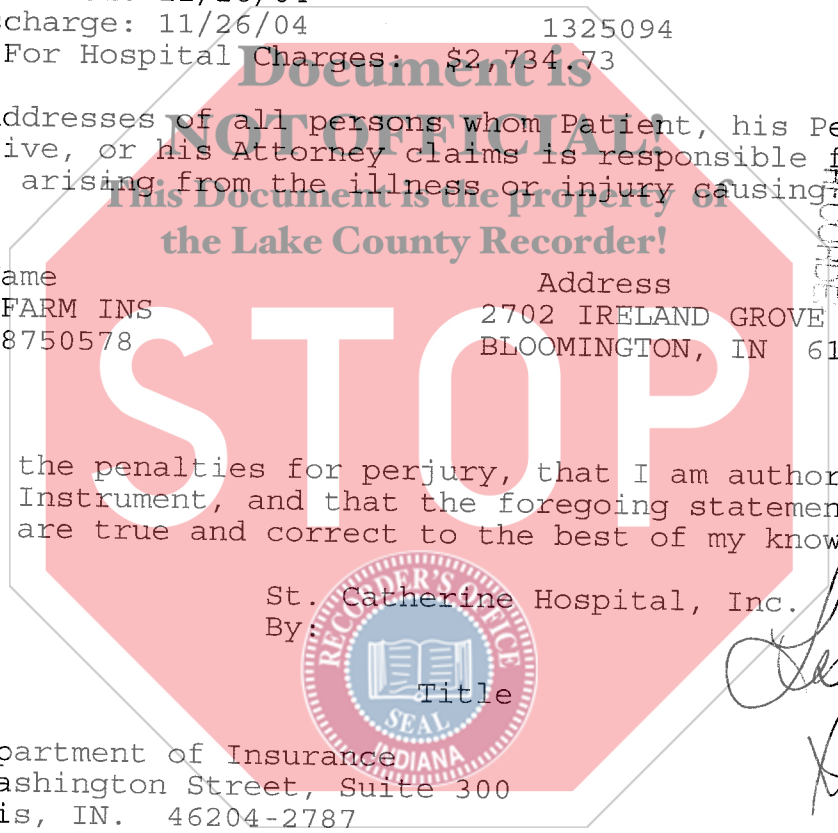
Hospital Attorney:

The Law Offices of James E. Daugherty #13311
8550 Broadway
→ Merrillville, Indiana 46410
(219) 769-5500 10 ps

Phone: (219)934-8888 or (800)210-9776

P.O. Box 3601 Munster, IN 46321

www.comhs.org



2005-004910

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
NOV 24 AM 11:00
RECORDER'S OFFICE