

792812

NOTICE OF HOSPITAL LIEN

You are hereby notified that St. Mary Medical Center
 (hereinafter called "Claimant"), whose
 address is 540 Tyler St. Gary, In 46402 and
 operator is Mrs. Gloria Bailey, intends
 to hold a Hospital Lien for all reasonable and necessary charges
 for hospital care, treatment, or maintenance of _____
Ros E. Clark 2001 W. 7th Ave Gary, In 46407
 (Name and Address of Patient)
 who was admitted on 1-1-85, 1985 and discharged on _____
1-8-85, 19 .

The amount due for hospital care during the above time
 period is \$ 6301.70.

To the best of Claimant's knowledge the following names
 and addresses are those claimed by the patient or his legal
 representative to be liable for damages arising from the ill-
 ness or injury causing the hospital stay:

- (a) Montgomery Wards Ins. Co. Policy #177202-1185
20060 Governors Dr. Olympia Fields, Ill 60464
- (b) _____
- (c) _____

STATE OF INDIANA / S.S. HQ
 LAKE COUNTY
 FILED FOR RECORDS
 FEB 21 10 36 AM '85
 RUDOLPH CLAY
 RECORDER

This lien is being filed pursuant to I.C. 32-8-26 in the
 Office of the Recorder of the Lake County.

To the best of my knowledge the statements above are true
 and correct.

2-19-85
 (Date)

Gloria Bailey
 (Signature)
G L O R I A B A I L E Y
 (Printed)

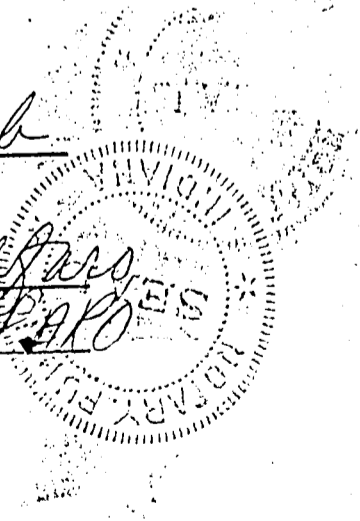
STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Subscribed and sworn to before me this 19 day of Feb
 19, 85.

My Commission Expires
12-1-86

Signature Carmen Alpario
 Printed CARMEN ALPARIO
 Notary Public

Residing in Lake County, Indiana.



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