

792813

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 _____

Demetre Cavallaris - 1329 Dearborn St. Gary, In 46407
(Name and Address of Patient)
who was admitted on 1-7, 1985 and discharged on 1-25, 1985.

The amount due for hospital care during the above time period is \$9742.88.

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 illness or injury causing the hospital stay:

- (a) INA Insurance Co. 6365 Castle Place Drive
Indianapolis, In 46250
- (b) Atty. Andrew G. Giorgi 5696 Broadway
Merrillville, In 46410
- (c) _____

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

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)
GLORIA BAILEY
(Printed)

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 19 day of Feb 1985.

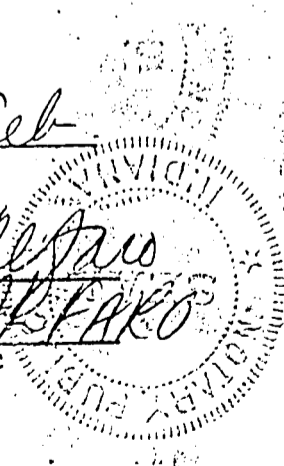
My Commission Expires

12-1-86

Residing in Lake County, Indiana.

Signature
Printed

Carmen Alfaro
CARMEN ALFARO
Notary Public



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