

793688

NOTICE OF HOSPITAL LIEN

You are hereby notified that St. Mary Medical Center
(hereinafter called "Claimant"), whose
address is 540 Tyler Street Gary, In. 46402 and
operator is Gloria Bailey, intends
to hold a Hospital Lien for all reasonable and necessary charges
for hospital care, treatment, or maintenance of _____
Oziell Fuller(18500671) 1015 E. 16th Ave. , Gary, In. 46407
(Name and Address of Patient)
who was admitted on 2/3, 1985 and discharged on _____
2/6, 1985

The amount due for hospital care during the above time
period is \$ 4,212.51:

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) State Farm Insurance Co. 5680 Archer Ave.
Chicago, Il. 60638
- (b) Atty. Gregory Nicosia 9105 Indpls. Blvd.
Highland, In. 46322
- (c) _____

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
19, 85.

My Commission Expires
12-1-86

Signature Carmen Alfaro
Printed CARMEN ALFARO
Notary Public

Residing in Lake County, Indiana.

STATE OF INDIANA
FILED IN COUNTY OF LAKE
RECORDED
FEB 27 3 14 PM '85
RUDOLPH CLARY
RECORDER

NOTARY PUBLIC
CARMEN ALFARO

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