

NOTICE OF HOSPITAL LIEN

806118

You are hereby notified that St. Mary Medical Center  
(hereinafter called "Claimant"), whose  
address is 540 Tyler Street 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

Monuetta Hawkins 535 S. Warrick St. Gary, Indiana 46403  
(Name and Address of Patient)  
who was admitted on 4/14/85, 1985 and discharged on 4/22/, 1985.

The amount due for hospital care during the above time  
period is \$ 4,485.55.

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) J.C. Penny 9250 Columbia Ave.  
Munster, Indiana 46321

(b) \_\_\_\_\_  
\_\_\_\_\_

(c) \_\_\_\_\_  
\_\_\_\_\_

STATE OF INDIANA  
LAKE COUNTY  
FILED  
JUN 6 12 17 PM '85  
RECORDS & CLERK

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

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

6-4-85  
(Date)

Gloria Bailey  
(Signature)  
GLORIA BAILEY  
(Printed)

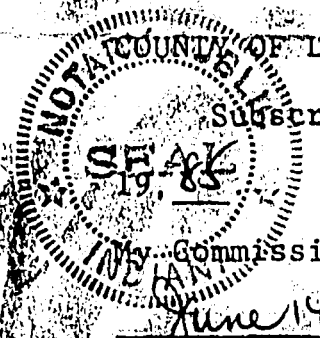
STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Subscribed and sworn to before me this 4th day of June

My Commission Expires  
June 14, 1988

Signature Geraldine Wise  
Printed Geraldine Wise  
Notary Public

Residing in Lake County, Indiana.



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