

857197

NOTICE OF HOSPITAL LIEN

You are hereby notified that St. Anthony Medical Center  
(hereinafter called "Claimant"), whose address is Main at Franciscan Rd.  
Crown Point, IN 46307 and operator is John Douglas, intends  
to hold a Hospital Lien for all reasonable and necessary charges for  
hospital care, treatment, or maintenance of John C. Koprowitz, 321 Hoffman Ct.  
Crown Point, IN 46307 #116447

(Name and Address of Patient)

who was admitted on March 31, 1986, and discharged on April 5,  
1986, in the amount of \$2179.85.

To the best of Claimant's knowledge the patient's attorney is \_\_\_\_\_

(Name and Address of Attorney)

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) Safeco Insurance Policy#D743393 (thru Pickart Agency, 500 W. Lincoln Hwy, Merrillville  
IN 46710, ATTN: Florence  
1900 W. Hassell Rd., Hoffman Estates, IL 60196, ATTN: John Evans, Claims Service  
Center

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

JUN 4 11 08 AM '86  
RUDOLPH C. A  
RECORDER

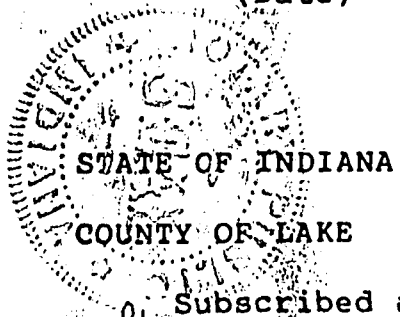
This lien is being filed pursuant to I.C. 32-8-26 in the Office of  
the Recorder of \_\_\_\_\_ Lake County.

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

5/23/86

(Date)

John Douglas  
(Signature)  
John Douglas  
(Printed)



STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE     )

1986. Subscribed and sworn to before me this 23rd day of May,

My Commission Expires: 9/25/87

My County of Residence: Lake

Ann Naulty  
NOTARY PUBLIC  
ANN NAULTY  
Printed

This Instrument Was Prepared By Sheridan McPhee  
Merrillville, IN, Attorney at Law.

400