

NOTICE OF HOSPITAL LIEN

857198

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 L. Scott Eriks, 8817 Carolina,  
Highland, IN 46322 #117099  
(Name and Address of Patient)

who was admitted on April 23, 1986, and discharged on May 1,  
1986, in the amount of \$ 4319.70.

To the best of Claimant's knowledge the patient's attorney is \_\_\_\_\_  
Mark Psimos, 7887 Broadway, Merrillville, IN46410  
(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) Lambert Eriks, Jr. & L. Scott Eriks  
8817 Carolina, Highland, IN 46322
- (b) State Farm Claim #145392544  
905 W. Glen Park Av., Griffith, IN 46319, ATTN: Barbara Hickey, Agt.
- (c) Gregory Gatons, 9111 Fairbanks, Crown Point, IN 46307  
State Farm Claim #145392-557, 905 W. Glen Park Av., Griffith, IN 46319

STATE OF INDIANA  
CLERK OF SUPERIOR COURT  
FILED IN RECORDED  
JUN 4 11 08 AM '86  
RECORDS & CLERK  
RECORDED

This lien is being filed pursuant to I.C. 32-8-26 in the Office of  
the Recorder of Lake Co. 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 )  
COUNTY OF LAKE ) SS:

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 Deborah McPhee  
Merrillville In, Attorney at Law.

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