

857199

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 Emily Nelson, 6150 City HH,
Wisconsin Rapids, WI 54494 #116379
(Name and Address of Patient)

who was admitted on March 29, 1986, and discharged on April 12,
1986, in the amount of \$ 16,502.80.

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) Gregory Woyak
916 Union, Stevens Point, WI 54481
- (b) West Bend Mutual Policy #8602617X
1115 S. Main St., West Bend, WI 53095, ATTN: Tess
- (c) _____

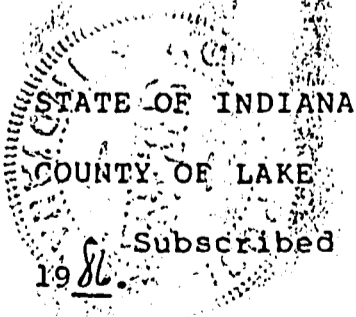
STATE OF INDIANA
CLERK OF SUPERIOR COURT
FILED
JUN 9 11 09 AM '86
RECORDERS CLAY

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.

5/23/87
(Date)

John Douglas
(Signature)
John Douglas
(Printed)



STATE OF INDIANA)
COUNTY OF LAKE) SS:

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

My Commission Expires:
9/25/87

Ann Naulty
NOTARY PUBLIC
ANN NAULTY
Printed

My County of Residence:
Lake

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