

857200

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 Panos, Ellen A., 3027 State St.
Porter, IN 46304 #115883

(Name and Address of Patient)

who was admitted on March 12, 1986, and discharged on March 15,
1986, in the amount of \$ 3184.75.

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) American Interinsurance Exchange, pol# 112-031-204
Claim #251775
- (b) _____
- (c) _____

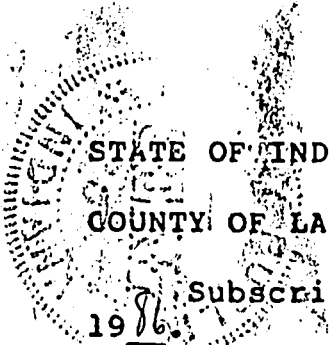
JUN 4 11 09 AM '86
RECORDED
STATE OF INDIANA
CLERK OF SUPERIOR COURT
LAKE COUNTY

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)
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, Attorney at Law.