

857201

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 Krebs, Siegmund, 16712 Mississippi,
Lowell, IN 46356 #117703
(Name and Address of Patient)

who was admitted on May 15, 1986, and discharged on May 18,
1986, in the amount of \$ 3428.45.

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) State Farm Claim#145393-387
905 W. Glen Park, Griffith, IN 46319 ATTN: Ellen Johnson, ADJ.
- (b) _____
- (c) _____

STATE OF INDIANA
LAKE COUNTY
FILED IN RECORDS
JUN 4 11 09 AM '86
RECORDS
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)

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

My Commission Expires:
9/25/87

My County of Residence:
Lake

Ann Nauty
NOTARY PUBLIC
ANN NAUTY
Printed

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