

857202

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 Jeffrey T. Offutt, 9006 E. 173rd,
Hebron, IN 46341 #117175

(Name and Address of Patient)

who was admitted on April 27, 1986, and discharged on April 29,
1986, in the amount of \$ 1191.30.

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) Indiana Consolidated Insurance Co., 3022 45th Av., P.O. Box 9099, Highland
Indiana 46322 Pol #97809637 (Patient is the insured)
- (b) _____
- (c) _____

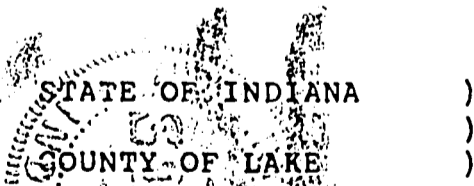
STATE OF INDIANA
CLERK OF SUPERIOR COURT
LAKE COUNTY
JUN 4 11 11 AM '86
RECORDS & CLERK

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.

5/21/86
(Date)

John Douglas
(Signature)
John Douglas
(Printed)



Subscribed and sworn to before me this 21st 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.