

861687

NOTICE OF HOSPITAL LIEN

You are hereby notified that St. Mary Medical Center

(hereinafter called "Claimant"), whose address is 540 Tyler St. Gary, Indiana 46402 and operator is Gloria Bailey, intends

to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of _____

Harry Trenary 205 S. Connecticut St. Hobart, Indiana 46342

(Name and Address of Patient)
who was admitted on 5/23/86, 19__ and discharged on 5/29/86, 19__.

The amount due for hospital care during the above time period is \$ 2,711.90.

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) Harry K. Trenary
205 S. Connecticut St. Hobart, Indiana 46342
- (b) Milwaukee Guardian Insurance Pol# 13 K084639E
Bartholomew & Sons Insurance 58 Napoleon Valpo, Indiana 46383
- (c) _____

This lien is being filed pursuant to I.C. 32-8-26 in the Office of the Recorder of the Lake County.

To the best of my knowledge the statements above are true and correct.

6/23/86
(Date)

Gloria Bailey
(Signature)
Gloria Bailey
(Printed)

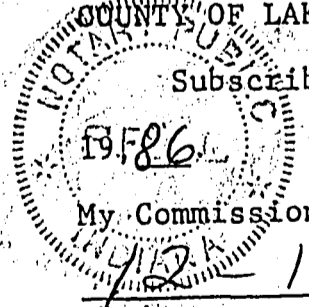
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

RUDOLPH CLAY
RECORDER

JUL 1 10 48 AM '86

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Subscribed and sworn to before me this 25th day of June



My Commission Expires 1-86

Signature Carmen Alfaro
Printed CARMEN ALFARO
Notary Public

Residing in Lake County, Indiana.

This instrument was prepared by Gloria Bailey
St. Mary Medical Center, Gary, Indiana 46402

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