

861688

NOTICE OF HOSPITAL LIEN



You are hereby notified that St. Mary Medical Center
540 Tyler St. (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 _____
Rose 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 \$ 6,323.71.

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 ill-
 ness or injury causing the hospital stay:

- (a) Rose C. Trenary
205 S. Connecticut St. Hobart, Indiana 46342
- (b) Milwaukee Guardian Insurance Pol # KO 84639E
Bartholomew & Sons Insurance 58 Napoleon Valpo, Ind. 46383
- (c) _____

RUDOLPH CLAY
RECORDER

JUL 1 10 46 AM '86

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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

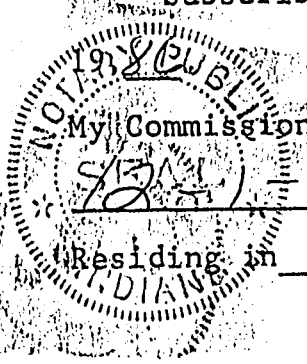
To the best of my knowledge the statements above are true
 and correct.

 6/23/86
 (Date)

Gloria Bailey
 (Signature)
GLORIA BAILEY
 (Printed)

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

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



My Commission Expires _____
9/23/86
 Residing in Lake County, Indiana.

Signature Carmen Alfaro
 Printed CARMEN ALFARO
 Notary Public

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

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