

861689

NOTICE OF HOSPITAL LIEN



You are hereby notified that St. Mary Medical Center
(hereinafter called "Claimant"), whose
address is 540 Tyler Street 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
Sadaf Rizvi 6761 Nebraska Hammond, Indiana 46323
(Name and Address of Patient)
who was admitted on 6/10/86, 19 and discharged on
6/11/86, 19 .

The amount due for hospital care during the above time
period is \$ 786.25.

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) Marghur A. Rizvi
6761 Nebraska Hammond, Indiana 46323
- (b) State Farm Insurance Company
2824 173rd Street Hammond, Indiana 46323
- (c) _____

RUDOLPH CLAY
RECORDER

JUL 1 10 48 AM '86

STATE OF INDIANA
LAKE COUNTY
FILES FOR RECORD

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.

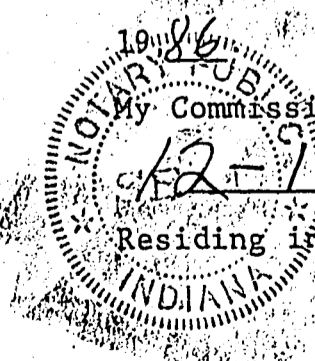
6/28/86
(Date)

Gloria Bailey
(Signature)
GLORIA BAILEY
(Printed)

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 27th day of June

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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