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NOTICE OF HOSPITAL LIEN

You are hereby notified that St. Mary Medical Center, Inc. (hereinafter referred to as "Claimant"), whose principal address is 540 Tyler Street, Gary, Indiana 46402 and whose operator is John Birdzell, intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the following patient: MICHAEL HOJNACKI 68804691

michael hojnacki 3405 173 RD STREET HAMMOND IN 46323
(Name and Address of Patient)

Said patient was admitted on the 3rd day of OCTOBER, 1987 and thereafter discharged on the 9th day of OCTOBER, 1987.

The amount claimed to be due for hospital care is \$ 7974.83.

To the best of Claimants' knowledge, the names and addresses of those claimed by the patient or by his legal representative to be liable for damages arising from the illness or injury causing such hospital admission are as follows:

STATE FARM INS	INDIANA DEPARTMENT OF INSURANCE
6940 KENNEDY AVE	504 State Office Building Indianapolis, Indiana 46204
HAMMOND IN 46320	845-7080 ROGER SLOSSER
Mary Lou Faist	ALLSTATE INSURANCE COMPANY
6133 McCook Avenue Hammond, Indiana 46323	Claim Center 9131 Broadway Merrillville, Indiana 46410
Sun Sook Rosenbaum	
2707 Virginia Park Drive Valparaiso, Indiana 46383	

OCT 30 11 15 AM '87
STATE OFFICE RECORDS SECTION

This Hospital Lien is being filed pursuant to the provisions of I.C. 32-26 in the Office of the Recorder of LAKE County.

I affirm under penalties for perjury that I am authorized to execute this instrument and that the foregoing statements and representations are true and correct.

St. Mary Medical Center, Inc.

10-16-87
(Date)

By: *Rose Marie Davis*
(Signature)
ROSE MARIE DAVIS
(Printed)
Insurance Billing
(Title)

This Instrument was prepared by James E. Daugherty, Attorney at Law, 8550 Broadway Merrillville, Indiana 46410

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