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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: Robert Spaulding

6501 Forest View Dr. Oak Forest, Ill. 60452
(Name and Address of Patient)

Said patient was admitted on the 16 day of October, 19 87 and thereafter discharged on the 28 day of October, 1987.

The amount claimed to be due for hospital care is \$ 9979.63.

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. CO. (Claim #5113649) - 955 W. 175th, Homewood, IL 60430
Attention: Christine Jacobs (Agent)

AMERICAN STATES INS. CO. (Policy #FA656566-1) - 7155 W. Belmont, Chicago, IL 60602
Attorney Edward Graney - 127 North Dearborn, Chicago, IL 60602
Robert Spaulding - 6501 Forest View Drive, Oak Forest, IL 60452
Jeff Barkus (owner of vehicle) - address unknown

INDIANA DEPARTMENT OF INSURANCE - 311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

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FIDELITY & SECURITY

This Hospital Lien is being filed pursuant to the provisions of I.C. 32-2-2 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.

11/06/87
(Date)

By: Pat Nicholson
(Signature)

Pat Nicholson
(Printed)

Ins. Biller
(Title)

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



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