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St. Anthony Medical Center, Inc.

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

You are hereby notified that ST. ANTHONY MEDICAL CENTER, Main at Franciscan, Crown Point, Indiana, 46307, intends, pursuant to I.C. 32-8-26-3 et seq., to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of Charlotte Justak -136182 who resides at 14235 Wicker, Cedar Lake, IN 46303, who was admitted to the hospital on June 13, 1988, was discharged on June 17, 1988, and whose bill for each service is in the amount of \$3,733.75.

To the best of the Hospital's knowledge, the patient or his legal representative claims that the following named individuals and/or entities are liable for damages for the patient's illness or injury.

- American States Insurance Co.
P. O. Box 9069
Highland, IN 46322
Claim #1360045814 Policy #: 06-13-005170-6 Adjustor: Rich Hendryx
- Department of Insurance
311 West Washington
Indianapolis, IN 46204

This lien is being filed pursuant to I.C. 32-8-26-3, in the Office of the Recorder of Lake County.

LILLIAN A. BLASTICK
 RECORDER, LAKE COUNTY
 CROWN POINT, INDIANA 46307
 FILED FOR RECORD
 JUL 26 1 25 PM '88

ST. ANTHONY MEDICAL CENTER

By: Laura L. Slacian
 Laura L. Slacian
 Collection Supervisor

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Laura L. Slacian, being the Collection Supervisor for the above named ST. ANTHONY MEDICAL CENTER, being duly sworn upon his/her oath, says that the fact stated in the foregoing are true.

This instrument was prepared by:

Laura L. Slacian
 Laura L. Slacian

Subscribed and sworn to before me, a Notary Public, this 29 day of June, 19 88.

Shirley A. Hedrick
 Shirley A. Hedrick Notary Public
 A resident of Lake County

My Commission Expires:
5-28-89

Revised 9-15/87

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