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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 June Ann Johnson - 135810 - who resides at 425 West 15th Place, Chicago Heights, IL 60411, who was admitted to the hospital on May 7, 1988, was discharged on May 22, 1988, and whose bill for each service is in the amount of \$14,035.80.

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.

- State Farm Insurance Co.
955 West 175th St.
Homewood, IL 60430
Claim #: 13-5032-608 Policy #: 8044-269-A01-13G Adjustor: Dave Frederickson
- Department of Insurance
311 West Washington St.
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.

ST. ANTHONY MEDICAL CENTER

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

STATE OF INDIANA
 RECORDER OF LAKE COUNTY
 CROWN POINT, INDIANA 46307
 6 25 PM '88

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:

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