



985739

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 Michael J. Gursky -136571- who resides at 13010 Cedar Lake Road, Crown Point, IN 46307, who was admitted to the hospital on June 6, 1988, was discharged on June 7, 1988, and whose bill for each service is in the amount of \$ 1,175.85.

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.

- Indiana Farm Bureau
P. O. Box 964
Crown Point, IN 46307
Claim #: 221-278-5180 Policy #: 3272380 Adjustor: Steve Roe
- 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 6 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

Laura L. Slacian
 Laura L. Slacian

Subscribed and sworn to before me, a Notary Public, this 28 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

[Handwritten initials]