



985740

St. Anthony Medical Center, Inc.

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

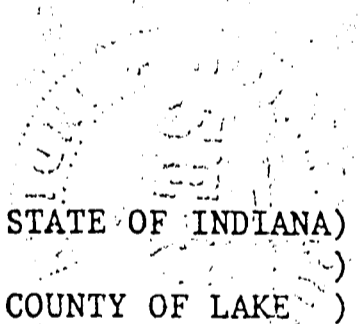
You are hereby notified that ST. ANTHONY MEDICAL CENTER, Main at Franciscan, Crown Point, Indiana, 46307, intends, pursuant to I.C. 32-8-26-3 et seq., to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of Kelly J. Flanagan -136224- who resides at 1100 Fox Lane, DeMotte, IN 46310, who was admitted to the hospital on May 23, 1988, was discharged on May 27, 1988, and whose bill for each service is in the amount of \$ 4,372.85.

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.

- Secure Insurance Company
P. O. Box 5204
Fort Wayne, 46895
Claim #: DG6674 Policy #: FC1853005 Adjustor: Shirley Gillenwater
- Department of Insurance
311 West Washington
Indianapolis, IN 46204

LILLIAN A. BLASTICK
 RECORDER, LAKE COUNTY
 CROWN POINT, INDIANA 46307
 LAKE COUNTY
 FILED FOR RECORD
 JUL 6 1 25 PM '88

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)
) 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 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