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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 Mary M. Cognac
	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.
	• Steve Wilson (Insured) P. O. Box 426, Brook, IN 47922
	USFG - P. O. Box 2720, Terre Haute, IN 47802 Claim #: 3111A1201149-03-1 Policy #: 1AB166815000 Adjustor:
	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. ST. ANTHONY MEDICAL CENTER By: Laura L. Slacian Collection Supervisor 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 Subscribed and sworn to before me, a Notary Public, this day of
6	June, 1988. Muliy J. Hedrick Notary Public
	My Commission Expires: A resident of Make County 5-28-89

Revised 9-15/87

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