

Revised 9-15/87

Main at Franciscan Road

## 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 Gerald Nibert Adm # 136523 who resides at 139 W. Greenwood Crown Point In 46307, was discharged	
on $\frac{6-4-88}{5}$ , and whose bill for each service is in the amount of $\frac{5-1563.15}{5}$ .	ıt
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.	<i>1</i> e
· State Farm INs. Co 905 W. Glen Park Rd. Griffith In 46319	
ADjustor Robert Dulla Claim # 14-5465-924 Policy 5681229D0914A	
Dept of Ins 311 W. Washington INdp1. In. 46204	RECORDER
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  STATE OF JINDIANA)  SS:  COUNTY OF LAKE	2. PARE COUNTY
Laura E: 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	
Subscribed and sworn to before me, a Notary Public, this day of	.•
July, 1988. Spirlight Higher	
My Commission Expires:  Shirley A. Hedrick Notary Public A resident of County	
5-28-89	

Crown Point, Indiana

(219) 663-8120/738-2100