

987327

NOTICE OF HOSPITAL LIEN

You are hereby notified that St. Mary Medical Center, Inc. (hereinafter referred to as "Claimant") whose principal address is 540 Tyler Street, Gary, Indiana 46402 and 1500 South Lake Park Avenue, Hobart, Indiana 46342 and whose operator is John Birdzell intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of the following patient:
THOMAS HOLLIFIELD RTE 1 Box 409, PARROTSVILLE TN 37843

Said patient was admitted on the 13th day of June, 1988, and thereafter discharged on the 19th day of JUNE, 1988. The amount claimed to be due for hospital care is 6561.07.

To the best of Claimants' knowledge, the names and addresses of those claimed by the patient or by his legal representative to be liable for damages arising from the illness or injury causing such hospital admission are as follows:

STATE FARM INSURANCE COMPANY - 905 West Glen Park Avenue, Griffith, IN 46319

N.E.O.A. HEALTH BENEFITS Fund Administrated 428 E. Scott Ave. Knoxville, TN 37917 c/o Administrative Systems P.O. Box 3070 Knoxville, TN 37927

Royal Insurance 495 N.Common Drive Aurora, ILL. 60504
Cl.#6360005750 David Apple -(Attorney for Patient) 2202 LaPorte Avenue, Valparaiso, Indiana 46383

This Hospital Lien is being filed pursuant to the provisions of I.C. 32-8-26 in the Office of the Recorder of LAKE County.

I affirm under penalties for perjury that I am authorized to execute this instrument and that the foregoing statements and representations are true and correct.

ST. MARY MEDICAL CENTER, INC.

JULY 06, 1988
(Date)

By: MS PATRICIA J. BOOYER
(Signature)

Patricia J. Boyer
(Printed)

COMMERCIAL REP.,
(Title)

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, IN
FILED FOR RECORDS
JUL 11 11 27 AM '88

This Instrument was prepared by James E. Daugherty, Attorney at Law, 8550 Broadway, Merrillville, Indiana 46410.

cc: INDIANA DEPARTMENT OF INSURANCE
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787



Handwritten initials/signature