

NOTICE OF HOSPITAL LIEN

992307

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:

WILLIAM E. BURKHART JR. 8230 S. MANN ROAD INDIANAPOLIS, IND. 46241

Said patient was admitted on the 17th day of JULY, 1988.

and thereafter discharged on the 21st day of JULY, 1988.

The amount claimed to be due for hospital care is 3252.75.

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 (Policy No: HG0004) - One State Farm Insurance Plaza, Bloomington, Illinois 61710

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.

JUL 28 1988

(Date)

ST. MARY MEDICAL CENTER, INC.

By: Patricia J. Booyer

(Signature)

Patricia J. Booyer

(Printed)

Commercial Rep.

(Title)

RECORDED
LAKE COUNTY
CROWN POINT, INDIANA
LILLIAN J. BLASTICK

Aug 15 11 00 AM '88

STATE OF INDIANA/S.S. NO. LAKE COUNTY FILED FOR RECORD

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 signature