

095785



# 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 Margaret French (151614) who resides at Ten Oaks, 200 E. #11, Lake Village, IN 46349, who was admitted to the hospital on February 1, 1990, was discharged on February 4, 1990, and whose bill for each service is in the amount of \$ 3,685.25

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.

- Allstate Insurance Co.  
P.O. Box 10249  
Merrillville, IN 46410
- Insured: Max Johansen - R.R. #2, Box 55A, Lake Village, IN 46349
- Claim #: 2210715401TMH Policy #: 012339735 Adjustor: James P. Matusz
- Department of Insurance  
311 W. 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.



STATE OF INDIANA/S.S. NC.  
 LAKE COUNTY  
 FILED FOR RECORD  
 APR 24 9 55 AM '90  
 ROBERT BOGGS  
 RECORDER  
 TILLAND

STATE OF INDIANA )  
 ) SS:  
 COUNTY OF LAKE )



ST. ANTHONY MEDICAL CENTER  
 By: Laura L. Slacian  
 Laura L. Slacian  
 Collection Supervisor

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

Laura L. Slacian  
 Laura L. Slacian

Subscribed and sworn to before me, a Notary Public, this 20 day of April, 19 90

Shirley A. Hedrick  
 Shirley A. Hedrick Notary Public  
 A resident of Lake County

My Commission Expires:  
6-12-93

4.00  
 ac