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# St. Anthony Medical Center, Inc.

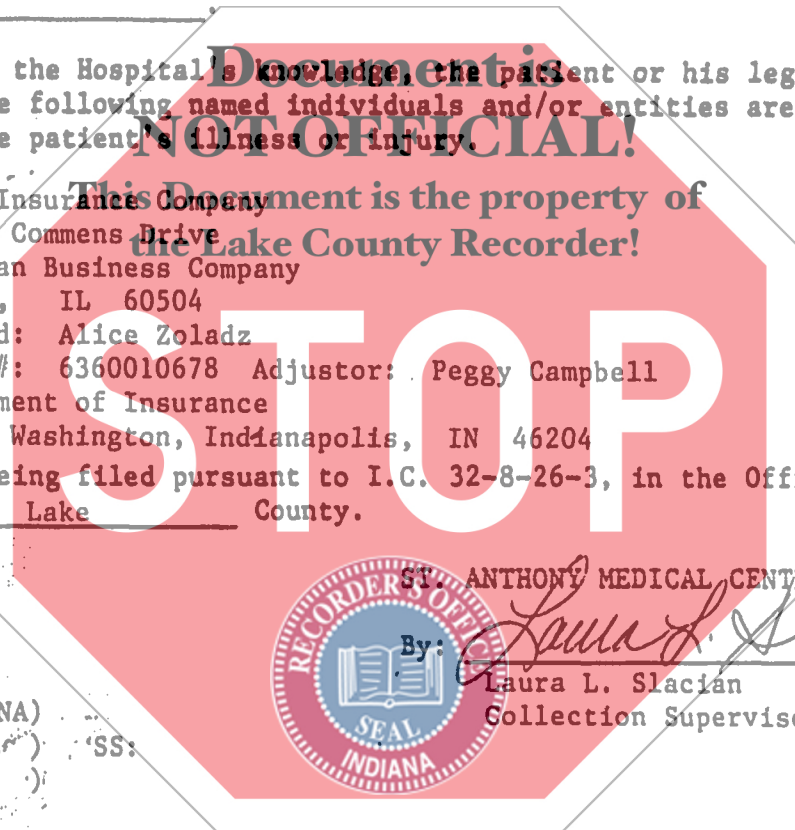
## NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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 Charles Cave #150404 who resides at 7228 Dekalb Street, Merrillville, IN 46410, who was admitted to the hospital on December 22, 1989, was discharged on December 25, 1989, and whose bill for each service is in the amount of \$ 4,662.25

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.

- Royal Insurance Company  
495 N. Commons Drive  
Meridian Business Company  
Aurora, IL 60504
- Insured: Alice Zoladz  
Claim #: 6360010678 Adjustor: Peggy Campbell  
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. NO.  
LAKE COUNTY  
FILED IN 650808C  
APR 24 9 19 AM '90  
ROBERT W. BOGGS, CLERK  
RECORDER



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

STATE OF INDIANA )  
                          ) SS:  
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  
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

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Revised 9-15/87