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St. Anthony Medical Center, Inc.

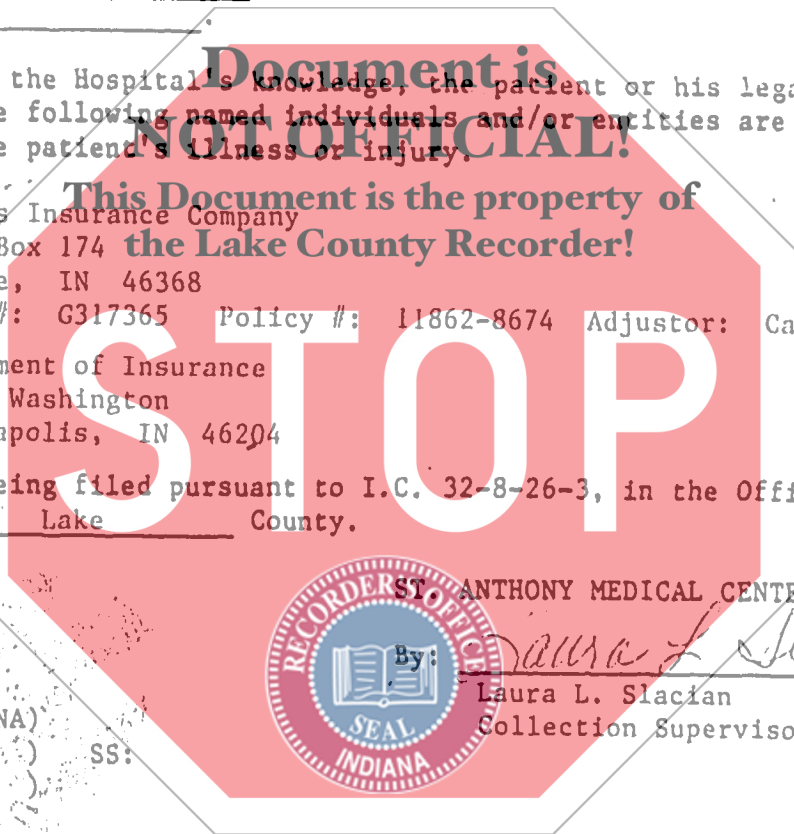
NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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 Karon J. Bailey (153330) who resides at 2050 Sherwood Lake, Apt. #3A, Schererville, IN 46375, who was admitted to the hospital on April 2, 1990, was discharged on April 6, 1990, and whose bill for each service is in the amount of \$ 6,764.45

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.

- Farmers Insurance Company
P. O. Box 174
Portage, IN 46368
Claim #: G317365 Policy #: 11862-8674 Adjustor: Carl Olejniczek
- 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.



By: Laura L. Slacian
Laura L. Slacian
Collection Supervisor

STATE OF INDIANA/S.S. NO. 1411000011
FILED IN RECORDS
MAY 7 10 52 AM '90
ROBERT J. RECHNER
RECORDER

(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

Subscribed and sworn to before me, a Notary Public, this 3 day of May, 19 90.

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

My Commission Expires:
5-12-93

Revised 9-15/87

4.00
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