

100034



St. Anthony Medical Center, Inc.

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

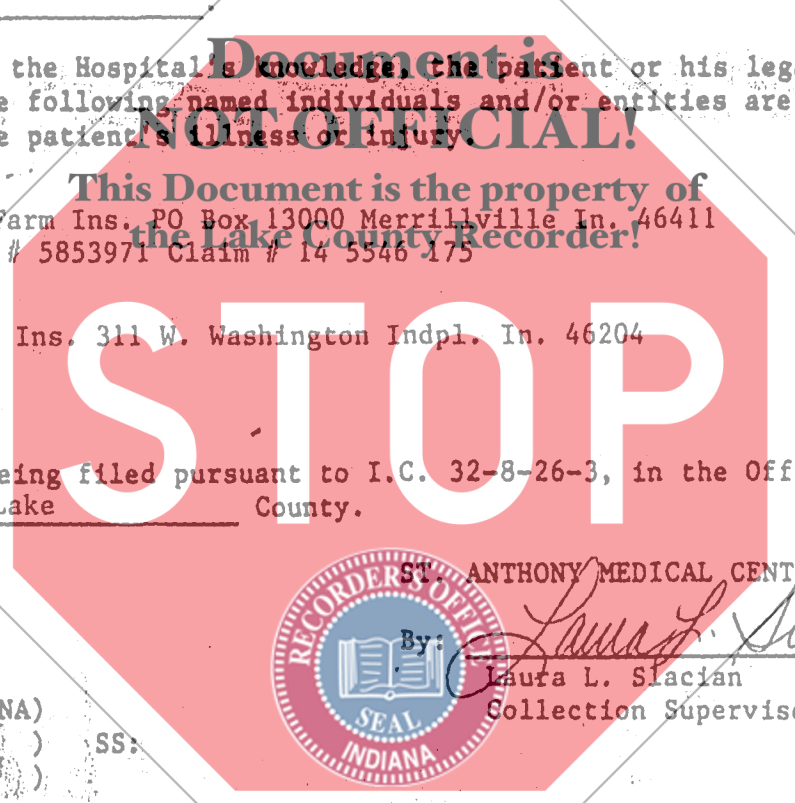
You are hereby notified that ST. ANTHONY MEDICAL CENTER, Main at Franciscan, Crown Point, Indiana, 46307, intends, pursuant to I.C. 32-8-26-3 et seq., to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of David Marsh Acct # 152526 who resides at 1909 Isaac Walton Rd. Shelby In. 46377, who was admitted to the hospital on 3-6-90, was discharged on 3-7-90, and whose bill for each service is in the amount of \$ 2203.75

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:

• State Farm Ins. PO Box 13000 Merrillville In. 46411
Policy # 5853971 Claim # 14 5546 175

• Dept of Ins. 311 W. Washington Indpl. 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 FOR RECORD
MAY 11 12 54 PM '90
ROBERT J. ...
RECORDS ...



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

STATE OF INDIANA)
COUNTY OF LAKE) SS:

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 8 day of May, 19 90.

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

My Commission Expires:
6-12-93

Revised 9-15/87

4.00
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