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St. Anthony Medical Center, Inc.

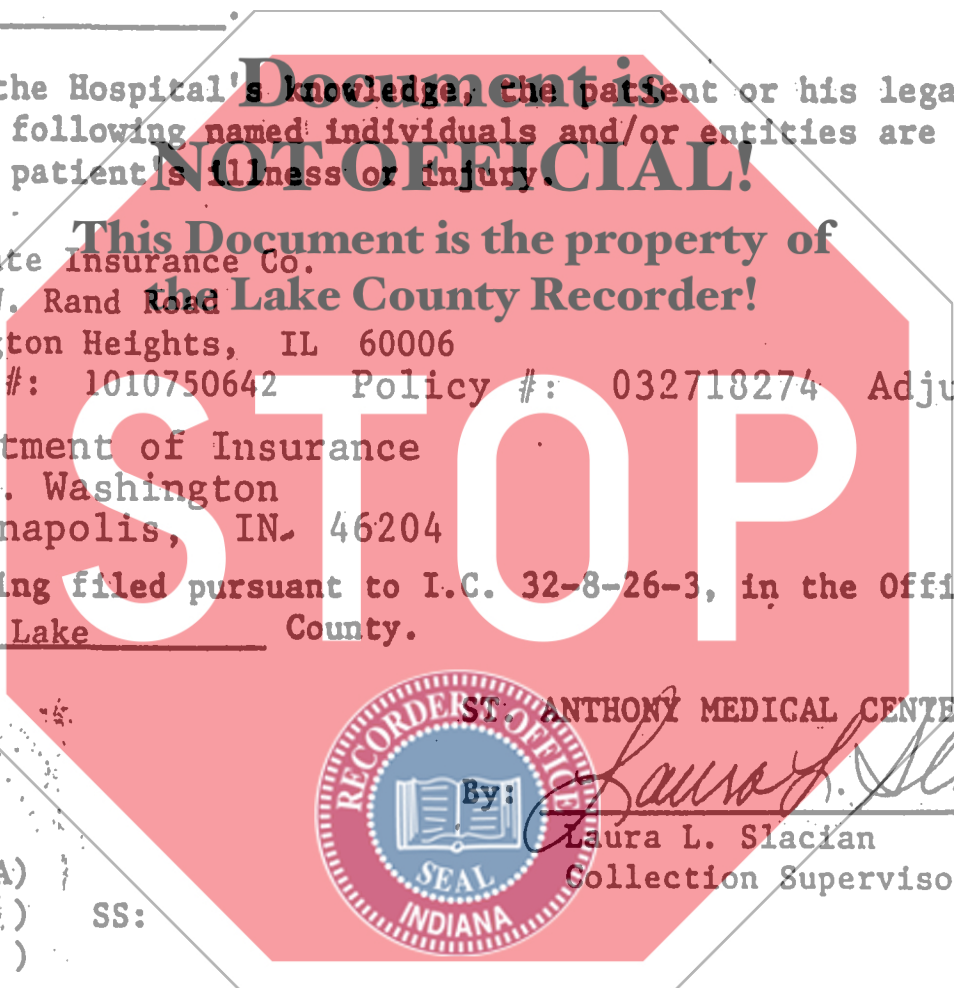
NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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 Wayne Hancock (158248) who resides at 1760 Eastwood Court, Schaumburg, IL 60195, who was admitted to the hospital on September 26, 1990, was discharged on October 5, 1990, and whose bill for each service is in the amount of \$ 18,315.10.

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.
1051 W. Rand Road
Arlington Heights, IL 60006
Claim #: 1010750642 Policy #: 032718274 Adjustor: Pat Lundy
- 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, I.S.S. NO. FILED
DEC 28 11 21 AM '90

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:



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 27 day of December, 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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