



141001

St. Anthony Medical Center, Inc.

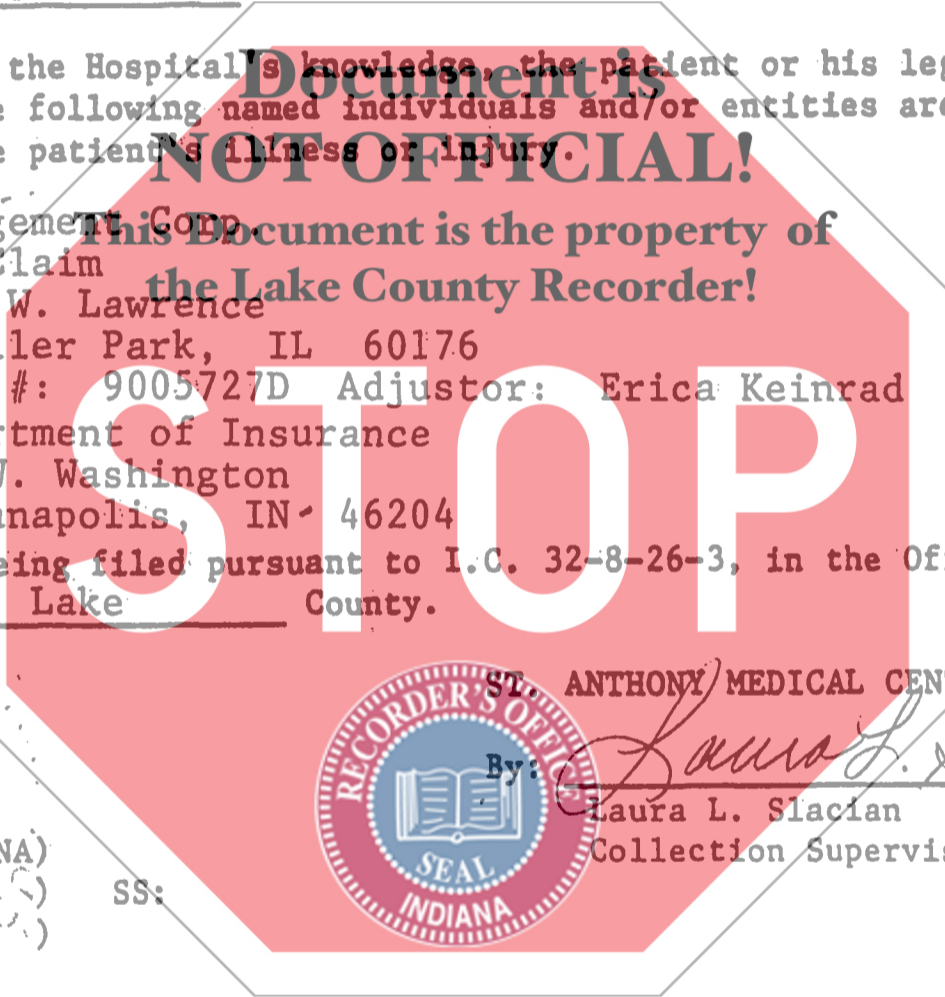
NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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 Rose Hancock *158239 who resides at 1760 Eastwood Court, Schaumburg, IL 60195, who was admitted to the hospital on September 26, 1990, was discharged on September 26, 1990, and whose bill for each service is in the amount of \$ 12,047.25.

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.

Management Corp.
 HCM Claim
 9950 W. Lawrence
 Schiller Park, IL 60176
 File #: 9005727D Adjustor: Erica Keinrad
 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
 DEC 28 11 57 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

Revised 9-15/87

600