

141003



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 Sherry M. Williams Acct # 156749 who resides at 3407 W. 123rd Av. Crown Point IN. 46307, who was admitted to the hospital on 8-8-90, was discharged on 8-12-90, and whose bill for each service is in the amount of \$ 8554.40.

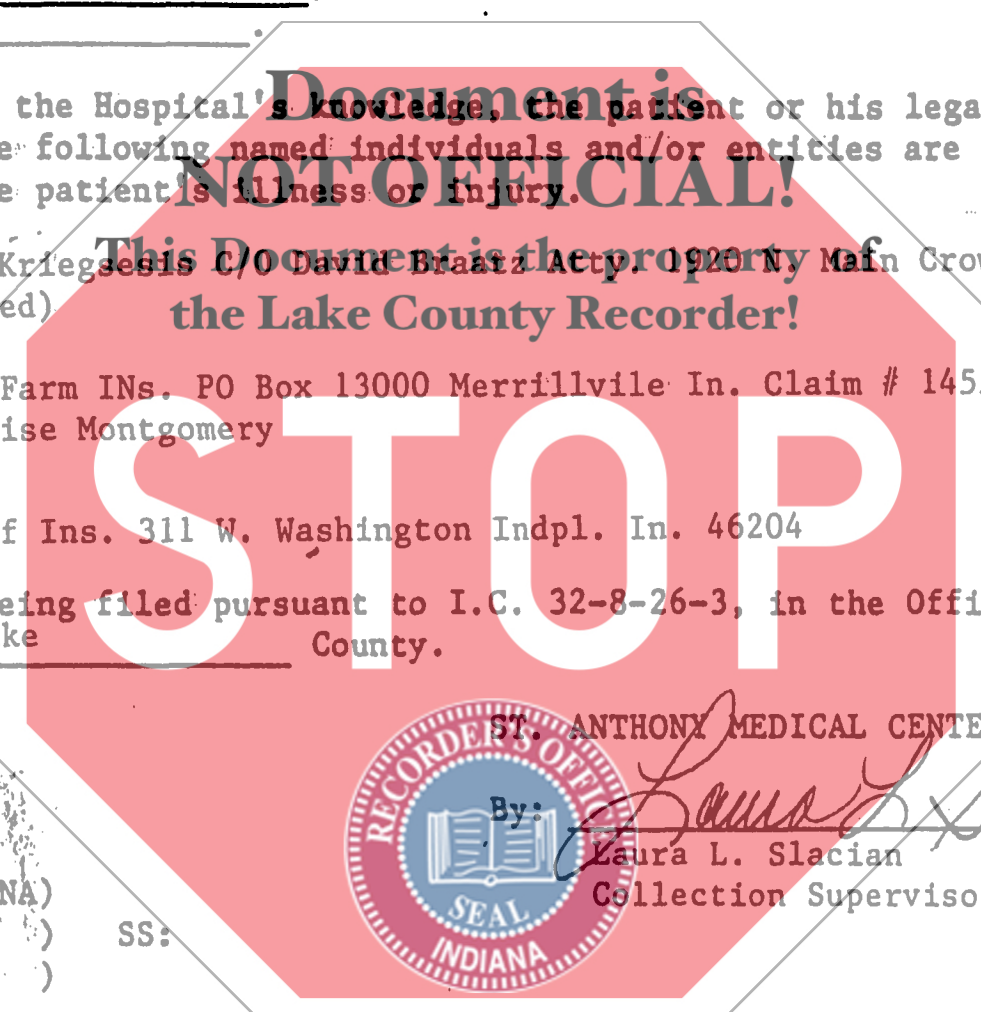
To the best of the Hospital's knowledge, the patient or his legal representative claims that the following named individuals and/or entities are liable for damages for the patient's illness or injury.

Frank Kriegesis C/O David Braatz Acty. 1920 N. Main Crown Point In (Insured)

State Farm INS. PO Box 13000 Merrillville In. Claim # 145526119
Adjuster Denise Montgomery

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.



ST. ANTHONY MEDICAL CENTER

By:

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 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

STATE OF INDIANA / S. NO.
DEC 29 11 53 AM '90

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