

141004



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 Charles E. Wagenaar Acct # 157454 who resides at 13848 Huseman Cedar Lake IN. 46303, who was admitted to the hospital on 8-28-90, was discharged on 9-12-90, and whose bill for each service is in the amount of \$ 36404.95

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.

- Richard Wagenaar 13848 Huseman Cedar Lake IN. 46303 (INSured)
- Spitz & Miller 101 W. Columbia Griffith In. 43619
Claim # 0271CA062
- Dept Of Ins. 311 W. Washington Indpl. IN. 46402

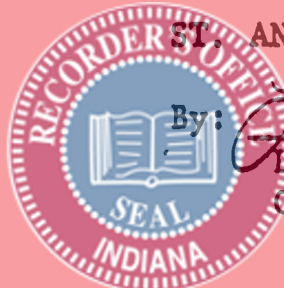
This lien is being filed pursuant to I.C. 32-8-26-3, in the Office of the Recorder of Lake County.



DEC 29 11 23 AM 1990

STATE OF INDIANA / S. H.C.

STATE OF INDIANA)
COUNTY OF LAKE)



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:
6-13-90

Revised 9-15/87

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