

141006

St. Anthony Medical Center, Inc.

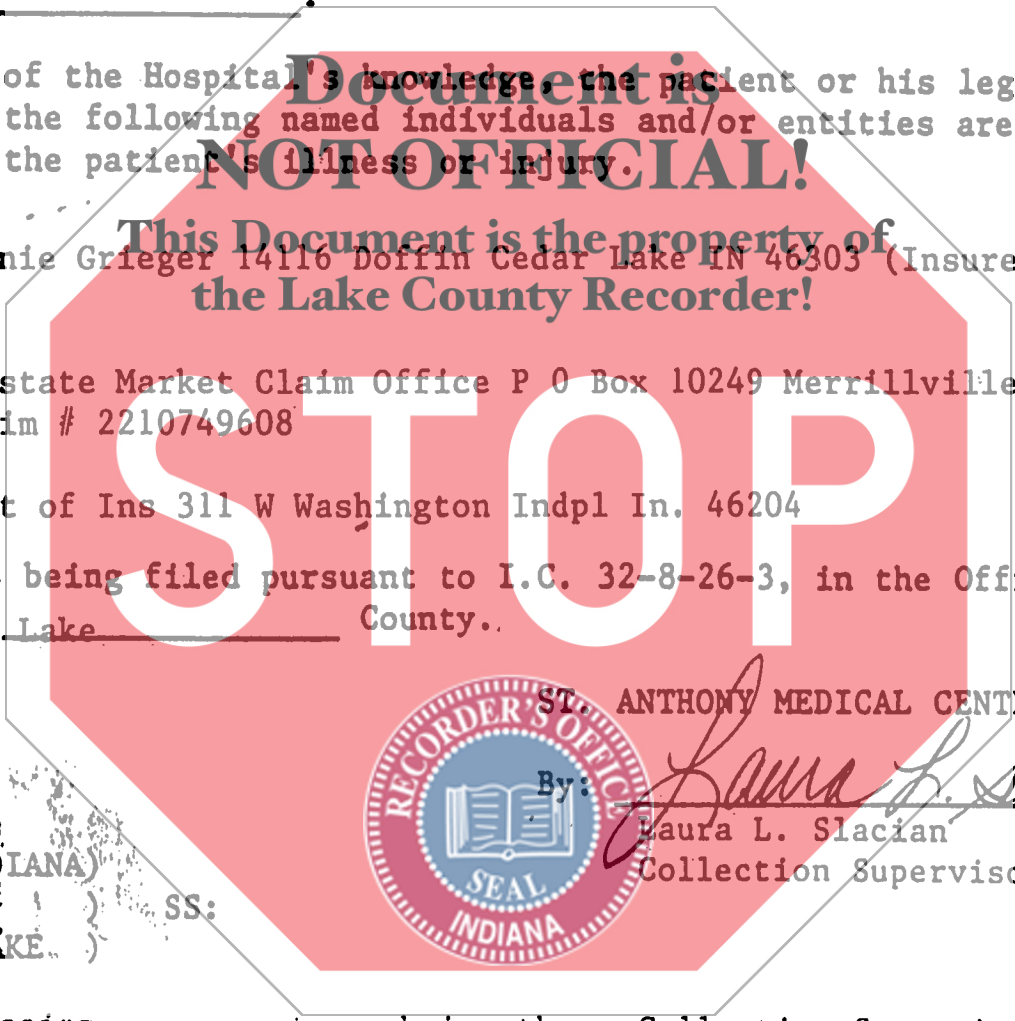
NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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 Jeffery Shafier Acct's 6183505, 2278337, 2274758, who resides at 2296649 2275792 621 S. Lakeview Dr. Lowell In. 46356, who was admitted to the hospital on 3-10-90, was discharged on 10-26-90, and whose bill for each service is in the amount of \$ _____

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.

- Connie Grieger 14116 Doffin Cedar Lake IN 46303 (Insured)
- Allstate Market Claim Office P O Box 10249 Merrillville IN. 46411
- Claim # 2210749608
- 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.



By: Laura L. Slacian
 Laura L. Slacian
 Collection Supervisor

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

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:
6-12-90

Revised 9-15/87

STATE OF INDIANA
 DEPT. OF REVENUE
 FILED
 DEC 29 11 09 AM '90

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