



St. Anthony Medical Center, Inc.

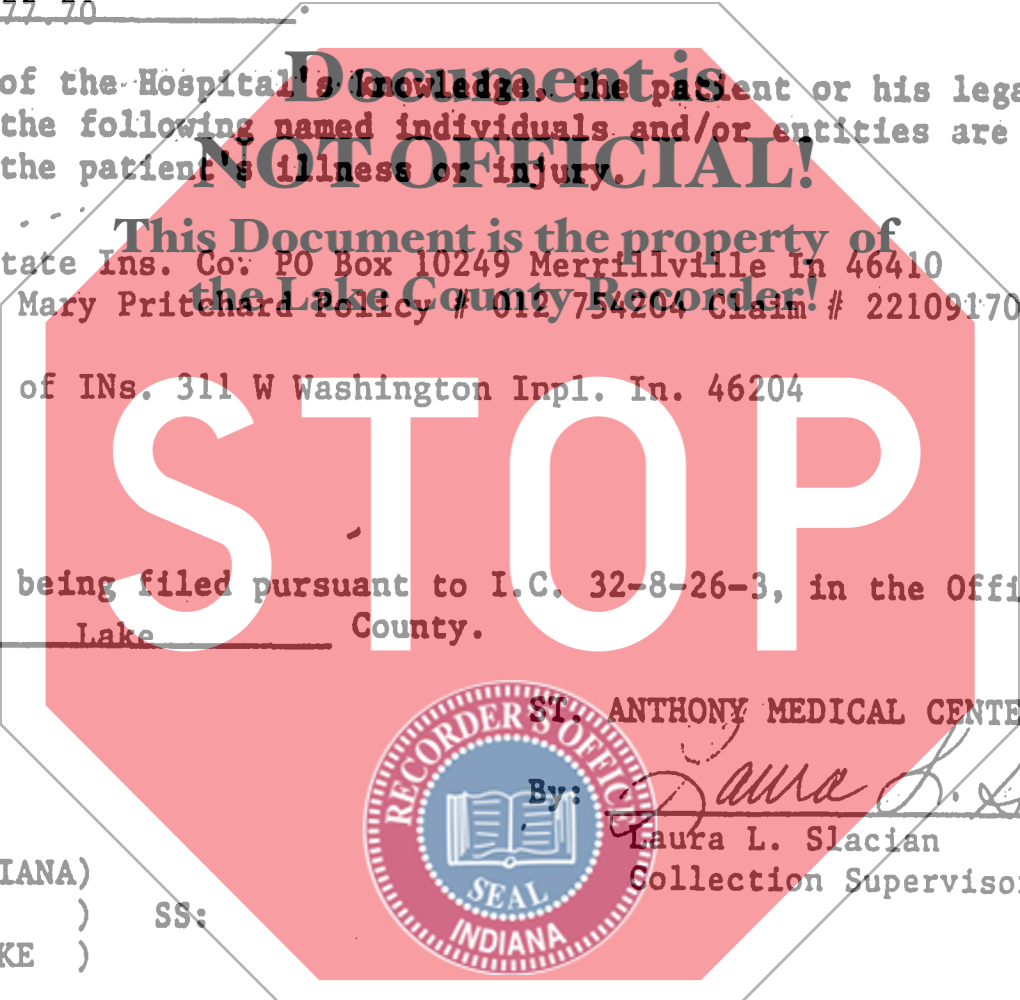
NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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 Dominic A Perez Acct # 159381 who resides at 1521 W. 95th Ct. Crown Point In 46307, who was admitted to the hospital on 11-5-90, was discharged on 11-11-90, and whose bill for each service is in the amount of \$ 12,077.70

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 Ins. Co. PO Box 10249 Merrillville In 46410
- Adj. Mary Pritchard Policy # 012754204 Claim # 2210917031
- Dept of INs. 311 W Washington Inpl. 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/S.S. NO.
 LAKE COUNTY
 FILED FOR RECORD
 FEB 22 10 33 AM '91
 ROBERT J. ...
 RECORDER



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

Subscribed and sworn to before me, a Notary Public, this 19 day of Feb, 19 91.

Shirley A. Hedrick
 Shirley A. Hedrick Notary Public
 A resident of Lake County

My Commission Expires:
6-12-93

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