



# St. Anthony Medical Center, Inc.

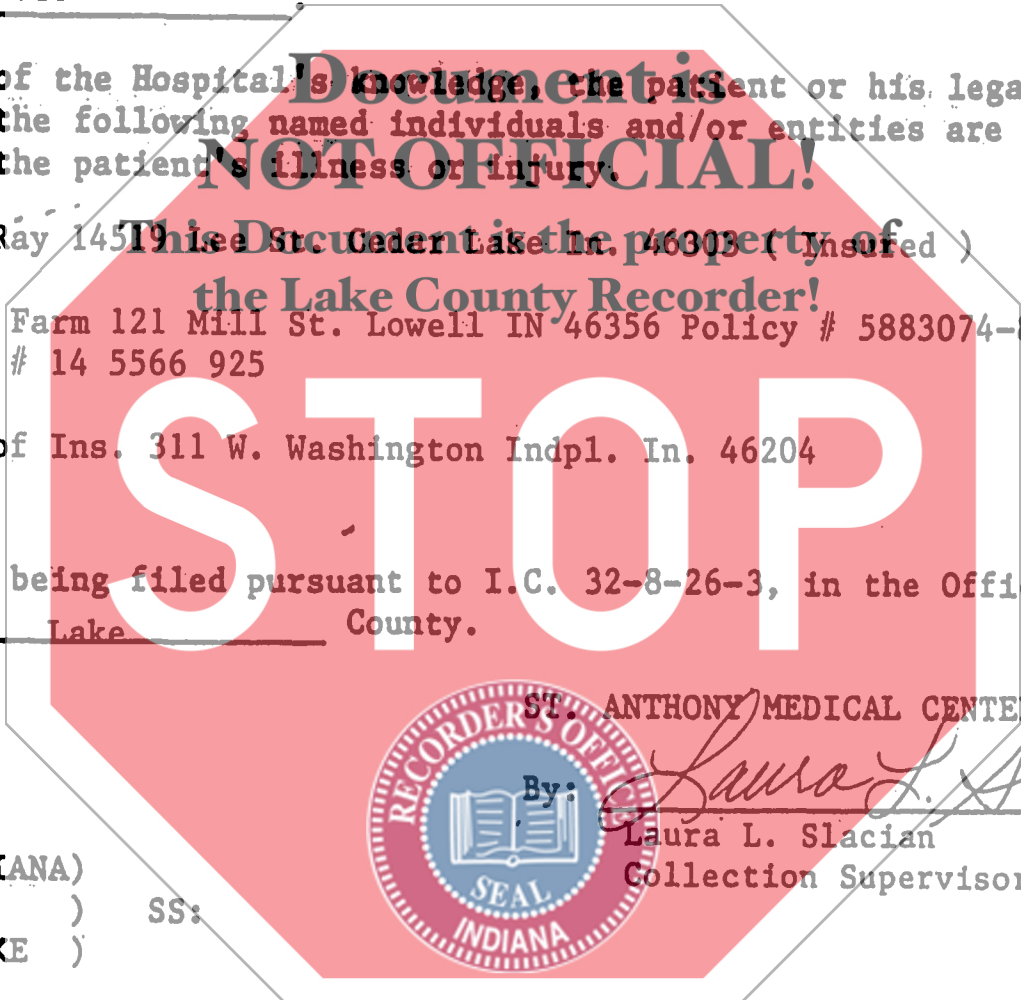
## NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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 James B. Ray Acct # 157772 who resides at 14519 Lee St. Cedar Lake In. 46303, who was admitted to the hospital on 9-9-90, was discharged on 9-29-90, and whose bill for each service is in the amount of \$ 18 881.10

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.

- Mona Ray 14519 Lee St. Cedar Lake In. 46303 (Insured)
- State Farm 121 Mill St. Lowell IN 46356 Policy # 5883074-821-14 Claim # 14 5566 925
- 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  
 Laura L. Slacian  
 Collection Supervisor

STATE OF INDIANA/S.S. NO.  
 LAKE COUNTY  
 FILED FOR RECORD  
 FEB 22 10 33 AM '91  
 ROBERT [unclear] RECORDER

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 19 day of Feb, 1991.

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

My Commission Expires:  
6-13-93

6.00