

St. Anthony Medical Center, Inc.

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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You are hereby notified that ST. ANTH	HONY MEDICAL CENTER, Main at Franciscan,	
Crown Point, Indiana, 46307, intends, to hold a Hospital Lien for all reason	pursuant to 1.C. 32-8-26-3 et seq., puable and necessary charges for hospital	
care, treatment, or maintenance of Jo	oe Pokrajak Acct # 159978	
who resides at 304 W. 240 Box 91 Sh	-	,
ii oo aa		
of \$ 11954.00	whose bill for each service is in the amount	unt
To the best of the Hospital's inculad	ign Che passent or his legal representat:	ive
claims that the following named indiv	diduals and/or entities are liable for	
damages for the patient's illness or	THE LAL!	
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Policy # 3513005 Glaim # 190	mil Recorder!	44
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Dept of Ins. 311 W. Washingt	on Indp1. In. 46204	E - FE
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This lien is being filed pursuant to		CORD
Recorder of Lake County.		්ස
	ANTHONY MEDICAL OFFICE	
SUGED.	Jacean Slacean	
	By: Allla f. Starta.	
CTATE OF THE TAXAL	Laura L. Slacian	
STATE OF INDIANA)	EAL Sollection Supervisor	
COUNTY OF LAKE	DIANALLIE	
Laura L. Slacian , being	the Collection Supervisor	_
oath, says that the fact stated in the	AL CENTER, being duly sworn upon his/her	
This instrument was prepared by:		
Marion. Stacion	Jama & Slacian	
Laura L. Slacian	Laura L. Slacian	
Subscribed and sworn to before me, a	Notary Public, this day of	•
El., 19 9/.		
, 2, 1/-	VI. D 21/12-0	
•	Spuller At Helrick	
V . 0	Shirley A. Hedrick Notary Public	
My Commission Expires:	A resident of Lake County	
6-13-93	•	
and the state of t	,	1 nO
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Revised 9-15/87