

St. Anthony Medical Center, Inc.

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

•	\checkmark	
Crown Point, Indiana, 46307, intends, to hold a Hospital Lien for all reasocare, treatment, or maintenance of Aa		
who resides at 168 St. Thomas Dr.	DeMotte In. 46310	
who was admitted to the hospital on	11-04-90 , was discharged whose bill for each service is in the amount	
of \$ 2431.95	mose bill for each service is in the amount	
(1)		
To the best of the Hospital's knowled claims that the following named individuals for the patient's fillness or	igential or his legal representative viduals and/or entities are liable for injury. CIAL!	•
Brad Marsh 706 in Dengaricens	tishthe 146919erty of	
	ounty Recorder!	STA
Great American 1001 Tech ne	The same of the sa	THE TE
Policy # 13CWP126466 Claim #	E069909	5.2.5
	on INdn1. In 46204	9 9 8
• Dept of Ins. 311 W. Washingt		25.00 P
This lien is being filed pursuant to Recorder of Lake County.		CORD
	ST. ANTHONY MEDICAL CENTER	`
SE TOTAL	DER SOS	/
	By: Auna H. Alustan	
	Laura L. Slacian	
STATE OF INDIANA)	Collection Supervisor	
COUNTY OF LAKE	WOIANA	
GOORTE OF MILE /		
Laura L. Slacian , being	the <u>Collection Supervisor</u>	
	CAL CENTER, being duly sworn upon his/her	
oath, says that the fact stated in the	e foregoing are true.	
This Instrument was prepared by:	Laura L. Slacean	
Laura L. Slacian	Laura L. Slacian	
Subscribed and sworn to before me, a		
<u>El.</u> , 19 <u>9/</u> .	Shily a She Price	
My Commission Expires:	Shirley A. Hedrick Notary Public A resident of Lake County	
6-12-93	. .	, n

Revised 9-15/87

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