

St. Anthony Medical Center, Inc.

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	V
You are hereby notified that ST. ANTHON	Y MEDICAL CENTER, Main at Franciscan,
Crown Point, Indiana, 46307, intends, p	ursuant to I.C. 32-8-26-3 et seq.,
to hold a Hospital Lien for all reasona	
care, treatment, or maintenance ofA	
who resides at 168 St. Thomas Dr. DeMo	
who was admitted to the hospital on 11-	
	se bill for each service is in the amount
of \$ 12175.55	
To the beat of the Height of Designation	Che patient or his legal representative
claims that the following named individ	inle patient or his legal representative
damages for the notice to 11 has a	data and/or entities are liable for
damages for the patient 3 111 ness or in	IN CIAL:
Brad Marsh 706 N. Elmer Griffit the Lake Cou	s the property of th In. 46319 nty Recorder!
Great American 1001 Techne Cent	er Melford Ohio 45150 Policy #
. 13CWP126466 Claim # 5062203	
. Dept of Ins. 311 W.Washington 1	ndp1. In. 46204
This lien is being filed pursuant to I.	C. 32-8-26-3, in the Office of the R
Recorder of Lake County.	
TURDE	ST. ANTHONY MEDICAL CENTER, E & SE
	- Kulla de Mactar ST
	By James C James By
amanini an Timtawa)	Laura L. Slacian
STATE-OF INDIANA)	Collection Supervisor
COUNTY OF LAVE	ANA counts
COUNTY OF LAKE	
Laura L. Slacian . being t	he Collection Supervisor
for the above named ST. ANTHONY MEDICAL	
oath, says that the fact stated in the	
This Instrument was prepared by:	
- Musa & Seallan	Macron Flaceon
Laura L. Slacian	Laura L. Slacian
Subscribed and sworn to before me, a No	tary Public, this / day of
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Heb. , 1991.	
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•	Skuled Helrick
	Shirley A. Hedrick Notary Public
My Commission Expires:	A resident of Lake County
•	
6-12-93	••

Revised 9-15/87

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