

St. Anthony Medical Center, Inc.

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

	V
You are hereby notified that ST. ANTH	ONY MEDICAL CENTER, Main at Franciscan,
Crown Point, Indiana, 46307, intends,	
	nable and necessary charges for hospital
care, treatment, or maintenance of	
who resides at 7800 West 990 North,	
	November 12, 1990 , was discharged
	hose bill for each service is in the amount
of \$ <u>2,549.90</u>	
Dogu	mentic
	the patient or his legal representative
claims that the following named indiv	iduals and/or entities are liable for
damages for the patient's illness or	injury.
This Document	t is the property of
Old Reliable Casualty	and property of
2710 Hampton Alee Lake Co	unty Recorder!
St. Louis, Missouri 63139	m = m
Claim#: 166327 Policy #:	122444864 Adjustor: Melvin Palmer
	Tiarra - St. Louis, Missouri, 63910
Department of Insurance	
. 311 W. Washington	
Indianapolis, IN 46204	24 24 ER
	I.C. 32-8-26-3, in the Office of the
This lien is being filed pursuant to	
Recorder of Lake County.	
	EST. ANTHONY MEDICAL CENTER
	Lawar laciar
	Laura L. Slacian
STATE OF INDIANA)	SEAN Collection Supervisor
) SS:\	VOIANA
COUNTY OF LAKE)	
Laura L. Slacian being	the Collection Supervisor
for the above named ST. ANTHONY MEDIC	AL CENTER being duly sworn upon his/her
oath, says that the fagt stated in th	e foregoing are true.
This Instrument was prepared by:	
/ Sulve To Huciar	Laura L. Slacian
Ladra L. Slacian /	Laura L. Slacian
Subscribed and sworn to before me, a	Notary Fublic, this 2 day of
May . 19 91.	
*	0/10/10
<i>V</i> .	Stantali Sterbaille
	Shirley A. Hedrick Notary Public
My Commission Evnisor	A resident of County
My Commission Expires:	" resident of succe country
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Revised 9-15/87