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# St. Anthony Medical Center, Inc.

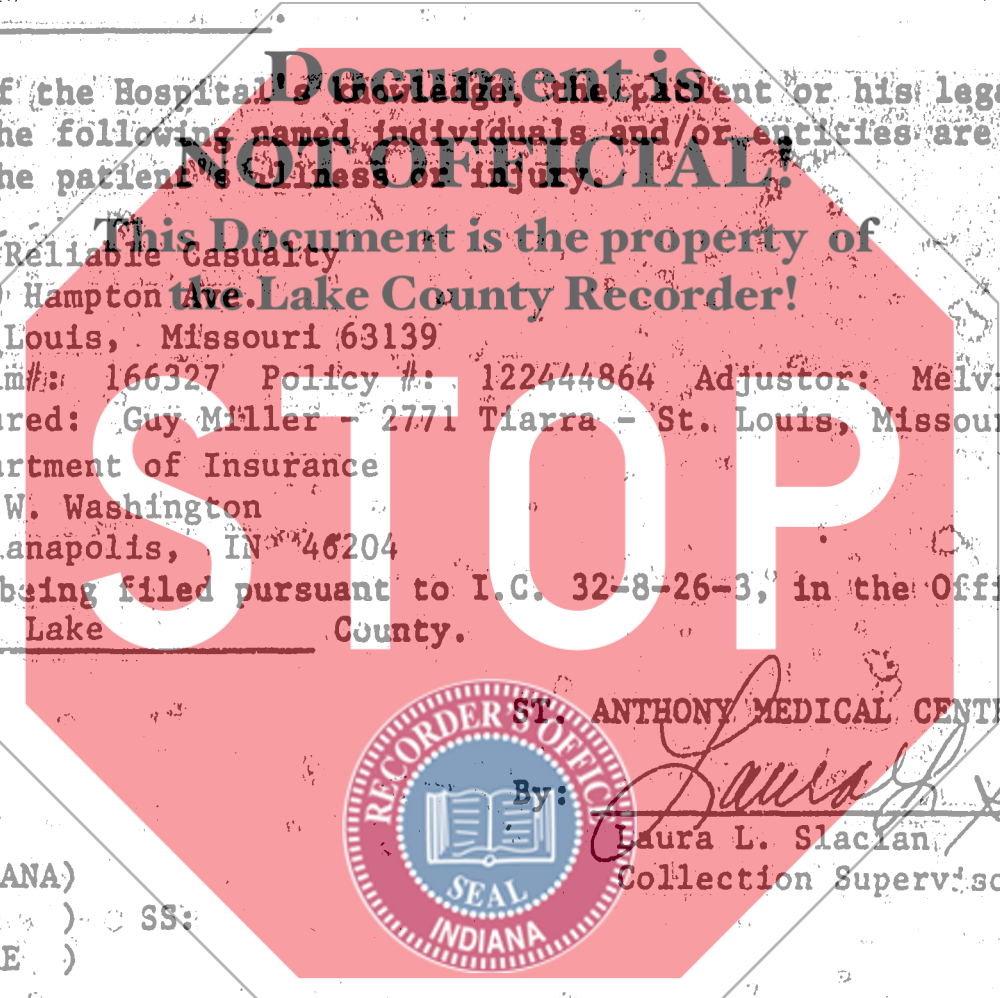
## NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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 Cathaleen Vera Cates (159600) who resides at 7800 West 990 North, Demotte, IN 46310, who was admitted to the hospital on November 11, 1990, was discharged on November 14, 1990, and whose bill for each service is in the amount of \$2,697.80.

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.

Old Reliable Casualty  
 2710 Hampton Ave.  
 St. Louis, Missouri 63139  
 Claim #: 166327 Policy #: 122444864 Adjustor: Melvin Palmer  
 Insured: Guy Miller - 2771 Tierra - St. Louis, Missouri, 63010  
 Department of Insurance  
 311 W. Washington  
 Indianapolis, IN 46204

This lien is being filed pursuant to I.C. 32-8-26-3, in the Office of the Recorder of Lake County.



STATE OF INDIANA/S.S. NO. \_\_\_\_\_  
 LAKE COUNTY  
 FILED \_\_\_\_\_  
 MAY 6 11 24 AM '91  
 ROBERT P. SPIDER  
 RECORDER



ST. ANTHONY MEDICAL CENTER  
 By: Laura L. Slacian  
 Laura L. Slacian  
 Collection Supervisor

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 2 day of May, 1991.

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

My Commission Expires:  
6-12-93

Revised 9-15/87

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