

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 Cheri Brandt (2280845) who resides at R.R. 1, box 340, Beecher, IL 60501	•
who was admitted to the hospital on May 22, 1990, was discharged	
on May 22, 1990 , and whose bill for each service is in the amount	
of \$1,871.00	
To the best of the Hospital's knowledged the patient or his legal representative of claims that the following named individuals and/or entities are liable for damages for the patient's illness or injury.	127ATE 0
State Farm This Document is the property of	۳۱ پنو
	X O
955 W. 175th Street Lake County Recorder! Homewood, IL 60530-2084	A
	S
	.S
Deapriment of Insurance	NO.
SII 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.	
	٠
ST. ANTHONY MEDICAL CENTER	
By Calle Mille Malacear	
Laura L. Slacian	
STATE OF INDIANA) Collection Supervisor	
) 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.	٠.
This Instrument was prepared by:	
- Marine Commence	
Laura L. Slacian Laura L. Slacian	
Subscribed and sworn to before me, a Notary Public, this day of	
May , 19 91.	
Shilly a Treelrielle	
Shir Yey A. Hedrick Notary Public	
My Commission Expires: A resident of Lake County	
6-12-93	r:
$\frac{Q^{-1}\Delta^{-1}\Delta^{-1}}{Q^{-1}\Delta^{-1}}$	\mathcal{I}^{L}

Revised 9-15/87