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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 Cheri Brandt (2285316) who resides at R.R. 1, box 340, Beecher, IL 60501, who was admitted to the hospital on July 6, 1990, was discharged on July 6, 1990, and whose bill for each service is in the amount of $ 1,750.00.

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.

- State Farm Insurance Co.
  955 W. 175th Street
- Homewood, IL 60530-2084
  Claim #: 134260343 Policy #: 8444073B281313 Adjustor: Scott Allen
- Deaprtment 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.

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

Subscribed and sworn to before me, a Notary Public, this 2 day of May, 19 91.

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

My Commission Expires:
6-12-93

Revised 9-15/87

STATE OF INDIANA S.S. NO. LAKE COUNTY FILED MAY 6 11 24 AM '91 ROBERT DERWELAND RECORDER

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