STATE OF INDIANA LAKE COUNTY FILED FOR RECORD



## 95071586

95 NOV 27 AH 9: 32

## St. Anthony Medical Center, Inc.

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

1/	
You are hereby notified that ST. ANTHONY MEDICAL CENTER, Main	
Crown Point, Indiana, 46307, intends, pursuant to I.C. 32-8-26	
to hold a Hospital Lien for all reasonable and necessary charge care, treatment, or maintenance of angela diane jurasevic	es for hospital
care, treatment, or maintenance of angela diane jurasevice who resides at 7701 W 134th pl cedar lake in 46303	
	s discharged
on , and whose bill for each service	
of \$ 7,557.60	
The share of the French Mades, the special state of	
To the best of the Eospital's knowledge, the patient or his le	e liable for
damages for the patient's intestor injury and the	
NOT OFFICIAL:	
. Leon Vandenburg 1936s Senden Pre-fit of the 1630 6	$\mathbf{f}$
Farm Bureau Ins. p.the Laker Copporty Recorder Las	m number 11 H1950066
Attn: Gene Gurnsey	
Dept of Insurance 509 State Office Building Indpl	IN 46410
The land to be a filled number of T C 32 9 26 2 do also 06	
This lien is being filed pursuant to I.C. 32-8-26-3, in the Of Recorder of Lake County.	TICE OF THE
ST. ANTHONY MEDICAL CEN	ITER/
	Macian
Sy. May My	Julian.
STATE OF INDIANA)  STATE OF INDIANA)  Collection Supervi	
) SS:	, <b>301</b>
COUNTY OF LAKE )	
	Λ
Laura L. Slacian , being the Collection Supervi	
for the above named ST. ANTHONY MEDICAL CENTER, being duly swooath, says that they fact stated in the foregoing are true.	orn upon mis/mer
This bosorument was prepared by:	lacian
July Julian &	franco
Laura L. Slacian / Laura L. Slacian	
Subscribed and sworn to before me, a Notary Public, this	day of
november, 1995.	
Townson, is a	1//////////////////////////////////////
Muful 1.1-	Khull
Shirley A. Hedrick	
My Commission Expires: A resident of Lake	County
01-02-1998	
V V V V V V V V V V V V V V V V V V V	••

Revised 9-15/87

Main at Franciscan Road

Crown Point, Indiana 46307

(219) 663-8120/738-2100

CK#053304