



St. Anthony Medical Center, Inc.

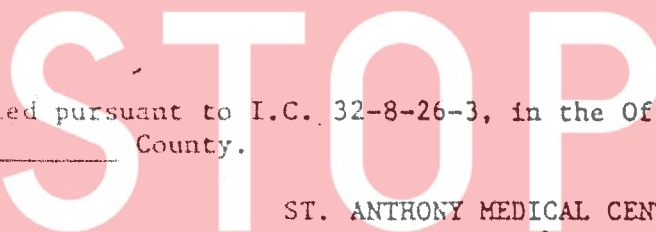
NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

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 Ruth Seibal who resides at 8176 Alpine Pl. Crown Point In. #9536300197, who was admitted to the hospital on 1-12-96, was discharged on 1-16-96, and whose bill for each service is in the amount of \$ 10652.22.

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.

Dept of Ins 509 State Office Building INdpls IN 46304

This Document is the property of the Lake County Recorder!



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:

Michael Vinovich
Michael Vinovich
Manager Patient Financial

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Michael Vinovich, being the Manager Patient Financial 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:

Michael Vinovich

Michael Vinovich

Michael Vinovich
Subscribed and sworn to before me, a Notary Public, this 3 day of

May, 19 96

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

My Commission Expires:

01-02-1998

Revised 9-15/87

Main at Franciscan Road

Crown Point, Indiana 46307

(219) 663-8120/738-2100

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STATE OF INDY
LAKE COUNTY
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