



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 John Taylor who resides at 14719 Colfax St. Crown Point In. 46307 who was admitted to the hospital on 01-18-97, was discharged on 01-31-97, and whose bill for each service is in the amount of \$ 22,212.94.

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.

- John Taylor 14719 Colfax St. Crown Point In 46307
- Con Rail R.R. 1600 W 167th St Suite 28 Calumet City Il 50409
- Hoey And Farina 542 S Dearborne Suite 1010 Chicago Il 60605
- Department of Insurance 311 W Washington Indianapolis In 46304
- Lake County Recorder 2293 N Main St Crown Point In 46307

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 facts stated in the foregoing are true.
This instrument was prepared by:

Michael Vinovich
Michael Vinovich
Subscribed and sworn to before me, a Notary Public, this 7 day of Feb, 19 97.

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

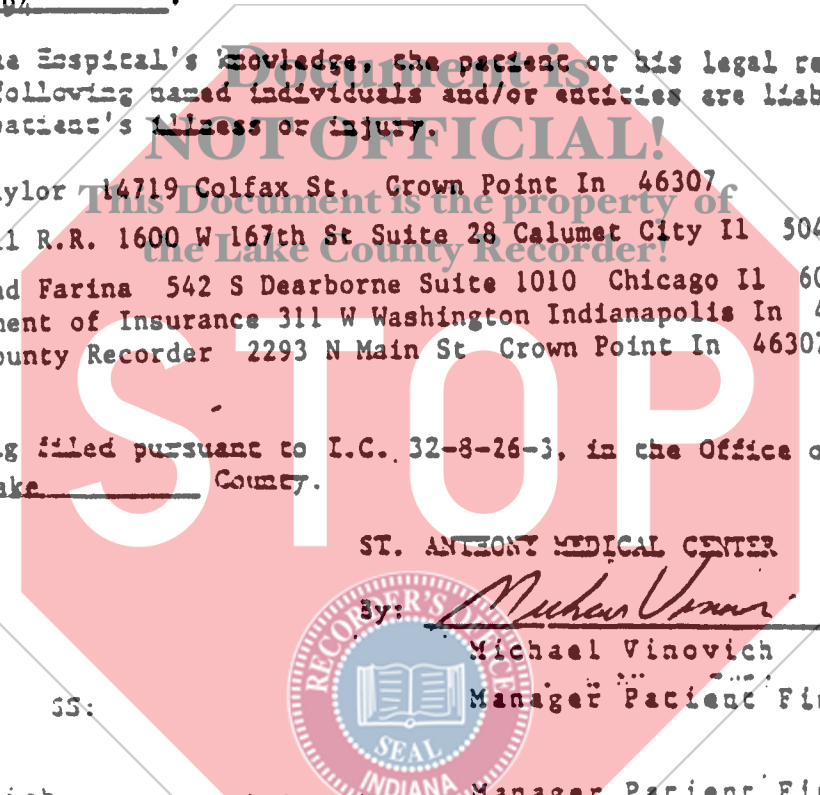
My Commission Expires:
01-02-1998

Revised 9-15/87

Main at Franciscan Road

Crown Point, Indiana 46307

(219) 663-8120/733-2100



97008181

97 FEB 11 AM 8:40

MORRIS W. CARTER
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Handwritten notes:
97008181
OK
SP