



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 Deanna Taylor who resides at P.O. Box 163 Veaverville Il 60912, who was admitted to the hospital on 03-30-98, was discharged on 04-02-98, and whose bill for each service is in the amount of \$ 12648.22.

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.

- Deanna Taylor P.O. Box 163 Beaverville Il 60912
- Western States P.O. Box 97 Matteson Il 60443
- United Security P.O. Box 1848 DesMoines Ia 50306
Department of Insurance 311 W. Washington Ind. Ind. 46206
- 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 fact 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 29 day of

June, 19 98.

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

My Commission Expires:

01-02-2008

Revised 9-15/87

Main at Franciscan Road

Crown Point, Indiana 46307

(219) 663-8120/738-2100

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