



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

St. Anthony Medical Center
99068387

99 AUG 16 PM 1:51

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

You are hereby notified that ST ANTHONY MEDICAL CENTER of CROWN POINT, 1201 S. Main St., 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 SARA WRIGHT who resides at 305 N COURT ST CROWN POINT IN 46307 who was admitted to the hospital on 08-07-99, was discharged on 08-08-99, and whose bill for each service is in the amount of \$26,628.31.

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:

- LAKE COUNTY RECORDER 2293 N. MAIN ST. CROWN POINT IN. 46307
- DEPARTMENT OF INSURANCE 311 W. WASHINGTON INDIANAPOLIS IN. 46206
- MATTHEW VERDEGAN 309 N COURT ST CROWN POINT IN 46307
- ALLSTATE INSURANCE PO BOX 13002 MERRILLVILLE IN 46411
- CECELIA ERNST 305 N COURT 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 of CROWN POINT

By: Michael Vinovich
Michael Vinovich
Manager - Patient Financial Services

State of Indiana)
) ss:
County of Lake)

Michael Vinovich, being the Manager - Patient Financial Services for the above named ST. ANTHONY MEDICAL CENTER of CROWN POINT, 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

Michael Vinovich
Michael Vinovich

subscribed and sworn to before me, a Notary Public, this 13 day of August, 1999.

Shirley A. Hedrick
Shirley A. Hedrick, Notary Public
A Resident of Lake County

My Commission Expires:
01-02-2008
Revised 3/8/99

ST. ANTHONY Medical Center

10.00
E.P.
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