

STATE OF INDIAN LAKE COUNTY FILED FOR RECOR

St. Anthony Medical Center 99080876

99 OCT - 1 AM 8: 34

NOTICE OF INTENTION TO HOLD HOSPITAL MEN AND W. CARTER

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 Mackenzie Priller, who resides at 3805 w 215th St. Matteson, II. 60443, who was admitted to the hospital on 06-19-99, was discharged on 06-19-99, and whose bill for each service is in the amount of \$3869.47.

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:

Michael Priller 3805 w 215th st. Matteson II. 60443 is the property of With Loving Care 414 Douglas Park Forest II. 60466 Western Heritage P. O. Box 5100 Scottsdale AZ. 85261 Lake County Recorder 2293 N. Main Crown Point, In. 46307 Dept. of Ins. 311 W. Washington Indianapolis, In. 46204

This lien is being filed pursuant to I.C. 32-8-26-3, in the Office of the Recorder of Lake County.

State of Indiana)

State of Indiana)

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

Sept 1999.

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

My Commission Expires:

01-02-2008

Revised 3/8/99

St Anthony Medical Cente

1201 South Main Street, Crown Point, Indiana 46307-8483

Telephone: (219) 663-8120

10-00 10-00