



STATE OF INDIANA
LAKE COUNTY
FILED

St. Anthony Medical Center
99089078

99 OCT 28 AM 11:42

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 JOHN STAVROS who resides at 9818 W 243 SCHNEIDER IN 46376 who was admitted to the hospital on 04-28-99, was discharged on 04-28-99, and whose bill for each service is in the amount of \$2282.50.

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
- JOHN STAVROS 9818 W 243 SCHNEIDER INDIANA 46376
- JESSICA TRECO 3804 WESTERN AVE PARK FOREST IL 60466
- PERRY THEODOROS 8750 BROADWAY STE A MERRILLVILLE IN 46410
- FARMERS INSURANCE PO BOX 6100 SOUTH BEND INDIANA 46660

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
Manager - Patient Financial Services

State of Indiana)
) ss:
County of Lake)

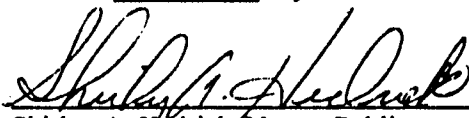
Michael Vinovich, being the Manager - Patient Financial Services for the above named ST. ANTHONY MEDICAL CENTER of CROWN POINT, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true.

This instrument was prepared by:


Michael Vinovich


Michael Vinovich

subscribed and sworn to before me, a Notary Public, this 26 day of OCT, 19 99


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

My Commission Expires:
01-02-2008

10.00
e.p.

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

Telephone: (219) 663-8120

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