



2000 007462

STATE OF INDIANA
LAKE COUNTY
FILED

2000 FEB -2 AM 10:11

St. Anthony Medical Center

MONITOR CENTER
RECORDS

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 LARRY POLOMCHAK who resides at 5814 N US HWY 231 RENSSELAER IND. 47978 who was admitted to the hospital on 11-24-99, was discharged on 11-25-99, and whose bill for each service is in the amount of \$6428.94.

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:

FARM BUREAU PO BOX 176 BROOK IND 47922
FARM BUREAU PO BOX 5889 LAFAYETTE IN 47903

his 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

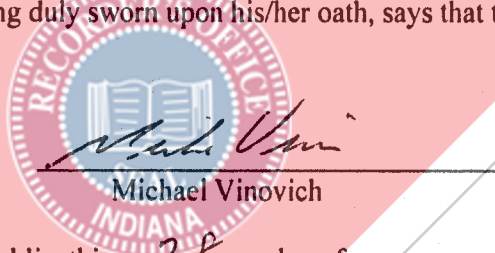
By: Michael Vinovich
Michael Vinovich
Manager - Patient Financial Services

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 28 day of Jan, 192000

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

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

10.00
P.P.
018141

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

Telephone: (219) 663-8120

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