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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 FEB -2 AM 10:02

MOBILE...  
RECORDS

**St. Anthony Medical Center**

**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 AMY THOMAS who resides at 916 CYPRESS PT. DR. APT A 16 CROWN POINT IND. 46307 who was admitted to the hospital on 10-15-99, was discharged on 01-27-00, and whose bill for each service is in the amount of \$3504.00.

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:

LIBERTY MUTUAL INSURANCE 24651 CENTER RIDGE RD. #400 WEST LAKE OHIO 44145

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  
F.P.  
018 141

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

Telephone: (219) 663-8120