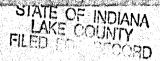
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St. Anthony Medical Center

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

the Lake County Recorder!

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

State of Indiana)

Michael Vinovich

Manager - Patient Financial Services

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:

Nich Vin

subscribed and sworn to before me, a Notary Public, this _2 / day of

My Commission Expires:

01-02-2008

Revised 3/8/99

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

> 10.00 018 141

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

Telephone: (219) 663-8120