



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

St. Anthony Medical Center

2000 034095

2000 MAY 17 PM 1:10

NOTICE OF INTENTION TO HOLD HOSPITAL LIEN CARTER
RECORDER

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 **Susan Bluett** who resides at **5527 W. 153rd Ave. Lowell, IN. 46356**, who was admitted to the hospital on **12-07-99 and 12-16-99**, was discharged on **012-09-99 and 12-16-99**, and whose bill for each service is in the amount of **\$9162.60**.

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 the damages for the patient's illness or injury:

- Susan Bluett 5527 w 153rd ave Lowell, IN. 46356**
- Cathy Amodeo 806 W. 126th Ct. Crown Point, IN. 46307**
- Florist Mutual Ins. 500 St. Louis St. Edwardsville, IL 62025**

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
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 11 day of

May, 19 2000

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
E.P.
023643