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St. Anthony Medical Center

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NOTICE OF INTENTION TO HOLD HOSPITAL AND HOLD HOSPITAL HOLD HOUND HOLD HOUND HOUR HOLD HOUND HOLD HOUND HOLD HOUND HOUND

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 Brian Keathley who resides at 5527 W. 153rd Ave. Lowell, IN. 46356, who was admitted to the hospital on 12-07-99, was discharged on 0n 12-08-99 and whose bill for each service is in the amount of \$3004.75.

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:

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 County.

ST. ANTHONY MEDICAL CENTER of CROWN POINT

the Lake County Recorder!

Michael Vinovich

State of Indiana)

ss:

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:

Males Usa

subscribed and sworn to before me, a Notary Public, this

Shirley A. Hedrick, Notary Public

My Commission Expires:

01-02-2008

Revised 3/8/99

A Resident of Lake County

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

Telephone: (219) 663-8120