



St. Anthony Medical Center

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 061572 2000 AUG 26 AM 10:43
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 KENNETH WALLEske who resides at 9901 N 700 WEST who was admitted to the hospital on 07-17-00, was discharged on 08-02-00, and whose bill for each service is in the amount of \$9288.75.

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:

MERIDIAN MUTUAL PO BOX 6165 INDIANAPOLIS IN 46206-6165
RICHARD WIELGUS 516 W SOUTH ST HEBRON IN 46341

This Document is the property of
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

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 15 day of August, 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

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