



**St. Anthony Medical Center**

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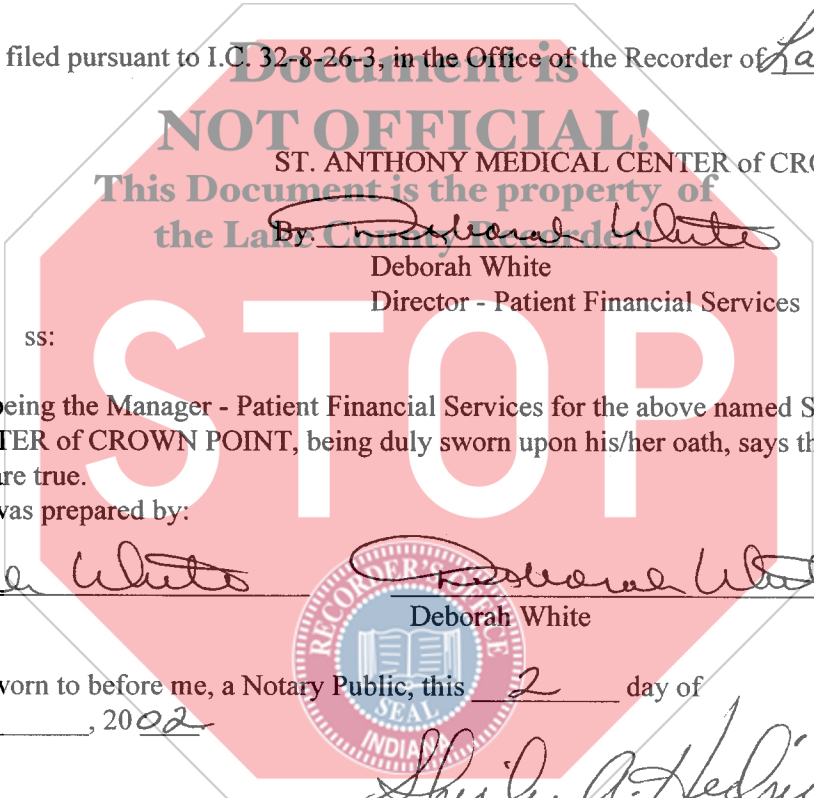
**NOTICE OF INTENTION TO HOLD HOSPITAL LIEN**

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 **Bryan kukelka**, who resides at **18050 County Line Rd. Hebron, IN. 46341** who was admitted to the hospital on **03-10-02**, was discharged on **03-13-02**, and whose bill for each service is in the amount of **\$20604.37**.

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:

**Bryan Kukelka 18050 County Line Rd. Hebron IN 46341**  
**Department Of Insurance 311 Washington Indianapolis, IN 46304**  
**Lake County Recorder 2293 Main St. Crown Point. IN 46307**  
**Farm Bureau 1304 E. Evans Ave Valparaiso IN 46383**

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: Deborah White  
Deborah White  
Director - Patient Financial Services

State of Indiana)  
) ss:  
County of Lake)

Deborah White, 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:

Deborah White  
Deborah White  
Deborah White  
Deborah White

subscribed and sworn to before me, a Notary Public, this 2 day of May, 2002

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

My Commission Expires:  
01-02-2008  
Revised 3/8/99

1201 South Main Street, Crown Point, Indiana 46307-8483  
Telephone: (219) 663-8120

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C.N.A.  
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