



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

St. Anthony Medical Center 2005-903254

2005 JAN 13 PM 2:00

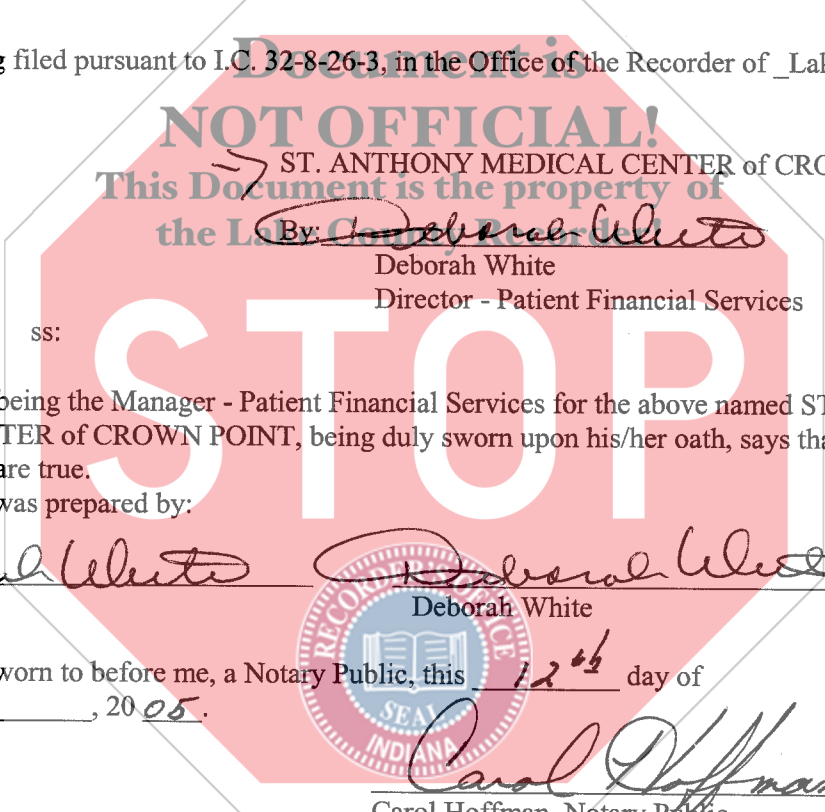
MICHAEL J. ...
RECORDER

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 **Garry Vajda**, who resides at 620 S. Main St. Crown Point In 46037, who was admitted to the hospital on 09-25-04 and , was discharged on 09-24-04, and whose bill for each service is in the amount of \$3221.00. 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:

Gary Vajda 620 S Main St Crown Point In 46307
AAA Auto Insurance 975 Merician Lake Dr. Aurora Il 60504 clm # 438844
Lake Co Recorder 2293 N Main St Crown Point In 46307
Department of Insurance 311 W Washington Indianapolis In 46304

This lien is being filed pursuant to I.C. 32-8-26-3, in the Office of the Recorder of Lake County.



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.

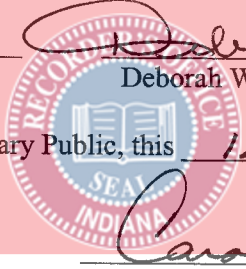
This instrument was prepared by:

Deborah White
Deborah White

Deborah White
Deborah White

subscribed and sworn to before me, a Notary Public, this 12th day of

January , 20 05 .



Carol Hoffman
Carol Hoffman, Notary Public
A Resident of Lake County

My Commission Expires:
11-17-2012
Revised 3/8/99

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BBS