



# Community Foundation Of Northwest Indiana, Inc.

Community Hospital  
St. Catherine Hospital  
St. Mary Medical Center

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June 19, 2006

Document Number: 2004 064691

Please be advised that the attached lien has been filed against the incorrect patient. Please make the necessary corrections.

**Incorrect Patient:**

Sarah Denise Brown

Social Security: [REDACTED] DA

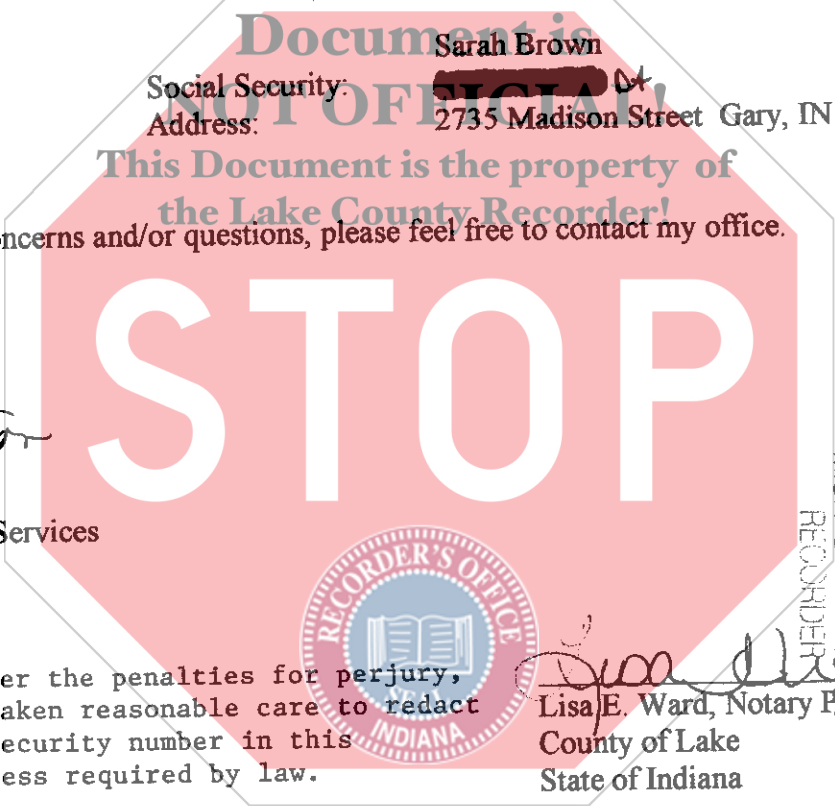
Address: 5355 Carolina Street Merrillville, IN 46410

**Correct Patient:**

Sarah Brown

Social Security: [REDACTED] DA

Address: 2735 Madison Street Gary, IN 46407



If you have any concerns and/or questions, please feel free to contact my office.

Sincerely,

*Dina Anton*

Dina Anton  
Patient Financial Services  
(219)934-8922

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

*Lisa E. Ward*  
Lisa E. Ward, Notary Public  
County of Lake  
State of Indiana

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FILED FOR RECORDER  
LAKE COUNTY  
INDIANA

P.O. Box 3602

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Munster, IN 46321-0756

(219)934-8888

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JLS