NOTICE OF HOSPITALILIEN

You are hereby notified	that St. Anthony Medical Center
(hereinafter called "Claiman	t"), whose address is Main at Franciscan Rd.
	perator is Walter Garbarczyk . intends
	all reasonable and necessary charges for
	maintenance of Ralph Gentry RR 1 Box 159
Wheatfield In. 46	
•	Address of Patient)
19_So in the amount of $\frac{10-23}{2}$	19.86, and discharged on $10-25-86$ 251.00
•	t's knowledge the patient's attorney is
·	6 Central Av. Portage In. 46368
- Sarkrisian Glog (Name and	d Address of Attorney)
To the best of Claima	ant's knowledge the following names and
addresses are those claimed	by the patient or his legal representative
to be liable for damages ar	ising from the illness or injury causing the
hospital stay:	
	ger Corp Amtrak Claims Dept 210 S. Canal St. Room 450
Cnicago 11. 60606 A	attn Mary Vansag
(b) Dept of Ins. 509 St	tate Office Bldg Indpls. In 46204
(c)	
	12 · 15
This lien is being fil	led pursuant to I.C. 32-8-26 in the Office of
the Recorder of Lake	County.
To the best of my know	wledge the statements above are true and
correct.	1.7 .01 971
1-27-8-7 * (Date) *	(Signature)
The state of the s	Walter J. GArbarczyk
	(Printed)
STATE OF INDIANA	•
COUNTY OF LAKE)	į
Subscribed and sworn	to before me this 2/ day of lan
	000-1100
My Commission Expires:	NOTARY PUBLIC .
My County of Residence:	Snirley n. Hedrick
Jake	Printed
	ed by Deboral McPhee 400
This Instrument Was Prepar	ed by Deboral McMiee 4
merrilluille In	= • . • . • . •