## NOTICE OF HOSPITAL LIEN

|  | e hereby notif   | ied that Br. Am     | thony Medical Center                                  |
|--|--|---------------------|---|
| hereinafte                             | r called "Clai   | imant"), whose a    | ddress is Main at Franciscan Rd.                      |
| rown Point,                            | IN 46307 ar  | nd operator is W    | lalter Garbarczyk Intenda                             |
| o hold a H                             | ospital Lien f   | for all reasonab    | le and necessary charges for                          |
| ospital ca                             | re, treatment  | , or maintenance    | of Watter A. watson 106 porsetshire Dr.               |
| Steger II 60                           | 0475 # 123679  |                     | Daddad  |
|  | ·  | and Address of      |   |
|  |  | •                   | and discharged on 1-13                                |
|  | he amount of \$  |                     |   |
| To the                                 | e best of Clai   | mant's knowledge    | e the patient's attorney is                           |
|  | (Name  | and Address of      | Attorney)   |
| To th                                  | e best of Cl   | laimant's knowl     | edge the following names and                          |
|  |  |                     |   |
| lodresses                              | are those clai   | med by the pati     | ent or his legal representative                       |
| to be liab                             | le for damages   | s arising from t    | he illness or injury causing the                      |
| hospital s                             | tay:   |                     |   |
| (a)                                    | Cecil A. Watson  | 106 Dorsetsnire Dr. | Steger 11 60475                                       |
|  |  |                     | ·   |
| <b>(</b> b)                            | American Ambassador Casualty Co. 900 Skokie Blvd. Northbrook, Ill60062   |                     |   |
|  | Policy # 11.582503 Claim # 120217  |                     |   |
| (-)                                    | •  |                     | Induls In 46204                                       |
| (c)                                    | Dept of INs. 509 State Office Bldg . Indpls. In 46204  |                     |   |
|  |  |                     | <b>6</b> 100 <b>1</b>                                 |
| This                                   |  | filed pursuant      | to I.C. 32-8-26 in the Office of                      |
| the Record                             | der of Lake  | County              | · 31  |
| To th                                  | ne best of my  | knowledge the       | statements above are true an                          |
| correct.                               |  |                     |   |
| 1:27-                                  | Lit  |                     | West / Subry 1 of                                     |
| (.)<br>Sw-:                            | Date)  |                     | (Signature)   |
|  | and the same of th |                     | Walter J. Garbarczyk  (Printed)                       |
|  |  |                     | (Plinted)   |
|  | TNOTANAS:  |                     |   |
| STATE OF                               |  | SS:                 |   |
| STATE OF                               |  | SS:                 |   |
| COUNTY OF                              | LAKE   |                     | this 27 day of Jan                                    |
| COUNTY OF                              | LAKE )   |                     | this 27 day of Jan                                    |
| COUNTY OF                              | LAKE ) cribed and swo  |                     | Sherle Allend   |
| COUNTY OF                              | LAKE )  Eribed and swo   | orn to before me    | this 27 day of Car<br>Sharles Albala<br>NOTARY PUBLIC |
| COUNTY OF                              | LAKE ) cribed and swo  | orn to before me    | NOTARY PUBLIC  Shirley A. Hedrick                     |
| COUNTY OF                              | LAKE )  Eribed and swo   | orn to before me    | NOTARY PUBLIC  Shirley A. Hedrick  Printed            |
| COUNTY OF  19 7.  My Commis  My County | LAKE BUT BWC BION Expires:   | orn to before me    | NOTARY PUBLIC  Shirley A. Hedrick  Printed            |