

899101

You are hereby notified that St. Anthony Medical Center
(hereinafter called "Claimant"), whose address is Main at Franciscan Rd.
Crown Point, IN 46307 and operator is Walter Garbarczyk, intends
to hold a Hospital Lien for all reasonable and necessary charges for
hospital care, treatment, or maintenance of Walter Watson 106 Dorsetshire Dr.
Steger H. 60475 # 123448

(Name and Address of Patient)

who was admitted on 12-29, 1986, and discharged on 1-6,
1987 in the amount of \$ 3091.25.

To the best of Claimant's knowledge the patient's attorney is _____

(Name and Address of Attorney)

To the best of Claimant's knowledge the following names and
addresses are those claimed by the patient or his legal representative
to be liable for damages arising from the illness or injury causing the
hospital stay:

(a) Cecil A. Watson 106 Dorsetshire Dr. Steger H. 60475

(b) American Ambassador Casualty Co. 900 Skokie Blvd. Northbrook, IL 60062
Policy # IL582563 Claim # 120217

(c) Dept of INs. 509 State Office Bldg. Indpls. In 46204

Handwritten signatures and stamps on the right side of the document.

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

To the best of my knowledge the statements above are true and
correct.

1-27-87
(Date)

Walter J. Garbarczyk
(Signature)
Walter J. GARbarczyk
(Printed)

STATE OF INDIANA)
COUNTY OF LAKE) SS:

1987. Subscribed and sworn to before me this 27 day of Jan.

My Commission Expires: 5-28-89

My County of Residence: Lake

Shirley A. Hedrick
NOTARY PUBLIC
Shirley A. Hedrick
Printed

This Instrument Was Prepared By Deborah McPhee
Merrillville