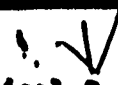


901660

NOTICE OF HOS



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 Michael Navarro PO Box 402
Fair Oaks, In. 47943 #123857

(Name and Address of Patient)

who was admitted on 1-15, 1987, and discharged on 1-24,
 1987 in the amount of \$ 13900.85.

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) Michael & Mary Navarro 9018 Hensley Demotte In 46310

(b) Vernon INs. PO Box 10427 Merrillville 46411 Pl # 1FABP2737CG106

Claim # 1-042335 Adj. Linda Clark

(c) Dept of Ins. 509 State Office Bldg. INdpls.. In. 46204

RICHARD J. BLASTICK
 RECORDER, LAKE COUNTY
 CROWN POINT, INDIANA 46307
 FEB 12 11 29 AM '87

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.

2-11-87

(Date)

(Signature)

Walter J. Garbarczyk

(Printed)

STATE OF INDIANA)
 COUNTY OF LAKE) SS:

1987. Subscribed and sworn to before me this 11 day of Feb.

My Commission Expires:

5-28-89

My County of Residence:

Lake

NOTARY PUBLIC

Shirley A. Hedrick

Printed

This Instrument Was Prepared By Merrillville