

901662



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 Lynn M. Barath 4 East 181st Av.

Lowell In 46356 # 2181175

(Name and Address of Patient)

who was admitted on 1-14, 1987, and discharged on 1-19,
1987, in the amount of \$ 935.70.

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
hospital stay:

(a) Katrina Hymon 5436 W. Ferdinand Av., Chicago Il 60644

(b) All State PO Box U West Chicago Il 60183 Claim # 13/13487/OK07

Martha Acasta Adjuster

(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
STATE OF INDIANA
LAKE COUNTY
CLERK OF SUPERIOR COURT

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)

Walter J. Garbarczyk
(Signature)

Walter J. Garbarczyk

(Printed)

STATE OF INDIANA)
COUNTY OF LAKE) SS:

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

My Commission Expires:
5-28-89

Shirley A. Hedrick
NOTARY PUBLIC

My County of Residence:
Lake

Shirley A. Hedrick
Printed

This Instrument Was Prepared By Deborah McPhee
Merrillville, IN