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NOTICE OF HOS

1. V

You are hereby notified that St. Anthony Medical Center
(hereinafter called "Claimant"), whose address is Main at Franciscan Rd.
Grown 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 Yvette Salinas 4593 McKinley

GARY IN. 46406 #123127

(Name and Address of Patient)

who was admitted on 12-15, 1986, and discharged on 12-15,
1986, in the amount of \$ 784.40.

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) Anthonyt Smith 2601 Oakwood DR. Gary In. (Driver)
- Michele Gilman 3729 Burr St. Gary IN 46408 (INSURER)
- (b) State Farm 905 W. Glen Park Av. Griffith In 46319 Agent Barb Hickle
- Claim # 145413314
- (c) Dept Of INs. 509 State Office Bldg. Indpls. In 46204

RICHARD J. BLASTICK
RECORDER, LAKE COUNTY
GROWN 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)

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