

901664

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 Cheryl Bowie 10405 Jennings
Crown Point In 46307 #123899

(Name and Address of Patient)

who was admitted on 1-16, 1987, and discharged on 1-18,
1987 in the amount of \$ 1510.40.

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) Traci E. Roth PO Box 1339 Cedar Lake In 46303
- (b) Farm Bureau PO Box 964 Crown Point In 46307 Claim # 2212769185 A
RAY Settack
- (c) Dept of Ins. 509 State Office Bldg. Indpls. In 46204

RICHARD J. BLASTIK
RECORDER, LAKE COUNTY,
CROWN POINT, INDIANA 46307
FEB 2 11 28 AM '87
FILED FOR RECORDING

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

My County of Residence:
Lake

Shirley A. Hedrick
NOTARY PUBLIC
Shirley A. Hedrick
Printed

This Instrument Was Prepared By Deborah McPhee
Merrillville, IN