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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 Traci E. Roth PO Box 1339

Cedar Lake In 46303 # 123898

(Name and Address of Patient)

who was admitted on 1-16, 1987, and discharged on 1-27-87,
1987, in the amount of \$ 4509.85.

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) Farm Bureau PO Box 964 Crown Point In 46307 Claim # 2212769135 Adjuster

Ray Settack

(b) Dept Of Ins 509 State Office Bldg Indpls. In. 46204

(c) _____

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)

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

Merrill Smith

Deborah McPhee

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