

901666

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 Jerome Capusan - 5411 Grant St.  
Merrillville In 46410 #123968

(Name and Address of Patient)

who was admitted on 1-21, 1987, and discharged on 1-22,  
1987, in the amount of \$ 1932.80.

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) State Farm 905 W. Glen Pk Griffith In. 46319 Claim # 14-5393-3b4

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

(c) \_\_\_\_\_

RICHARD J BLASTICK  
RECORDER, LAKE COUNTY,  
INDIANA 46307  
FEB 12 11 29 AM 1987

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

Merrillville In

Deborah McPhee