## RELEASE OF HOSPITAL LIEN

1	This is to certify that a certain claim by St. Anthony Medical Cer
lain at F	ranciscan Rd., Crown Foint, 1N 46307 in connection with the Notice
	of Intention to Hold Hospital Lien which was recorded on the $\frac{.5}{.}$
	day of $Nov.$ , $19^{86}$ , (as Instrument No. $884311$ )
	in the office of the Recorder of LAke County, Indiana, and was
	for the reasonable and necessary charges for hospital care, treat-
	ment and maintenance of Mary Moskalick 4327 W. 105th Av. Crown Point In 46307
	the amount of One Thousand one nundred seventy nine and 20/100
	Dollars (\$ 1179.20 ) has been (fully/partially) paid and the
	Recorder is hereby authorized to release said lien against
	Mary Moskalick, THe Home Ins. Co
	Date: 1.27.87 BY: War Jabrie
	(Signature)
	Walter J. Garbarczyk
	(Printed)
	STATE OF TIME )  SS:
	COUNTY OF A COUNT
	Before me, a Notary Public in and for said County and State, personally appeared with the execution of the foregoing Release of Hospital Lien.
	the execution of the foregoing Release of Hospital Lien.
	19 87. WITNESS my hand and Notarial Seal this 27 day of firm.
	My Commission Expires:
	528.89 Shirten A. L. L. L.
	NOTARY PUBLIC  My County of Residence:
	Shirley A. Hedrick
	Typed or Printed Signature -
	$\frac{1}{2}$
	This instrument was prepared by
	Actorney at Law.
	Return to:  St. Anthony Medical Center  Main at Franciscan Road
	Crown Point, Indiana 46307
	attr: Eus. off