	928218	RELEASE OF HOSPITAL LIEN
1	This is to cert	tify that a certain claim by S1. Anthony Medical Cer
in at Fr	ranciscan Rd., Crown Foin	_
	of Intention to Hold	d Hospital Lien which was recorded on the 7th .
		, 19 ⁸⁷ , (as Instrument No)
	in the office of the	Recorder of County, Indiana, and was
		and necessary charges for hospital care, treat-
		ousand five hundred sixty two and 45/100
) has been (fully/partially) paid and the
		authorized to release said lien against
		Calumet Rd. LowellIn 46356
	TErry Buckmeiers 15302	W. 197th Av. Lowell In 46356 Crown Point In 46307
	Farm Bureau PO Box 964 (Crown Point In 46307
	Date: 7-15-87	BY: Went John (Signature)
	· · · · · · · · · · · · · · · · · · ·	
		Walter J. GArbarczyk (Printed)
	STATE OF INDIANA)
	COUNTY OF) SS:)
	Before me, a N	Notary Public in and for said County and State, Walter J. Garbarczyk , who acknowledged
	personally appeared the execution of the	Walter J. Garbarczyk , who acknowledged ne foregoing Release of Hospital Lien.
		nd and Notarial Seal this 15 day of July.
	My Commission Expir	res:
	5-28-89	Shilus a. Il Shield
	My County of Reside	NOTARY PUBLIC
	Lake	Shirley A. Hedrick
	1	Typed or Printed Signature -
	This instrument was	s prepared by March Attorney at Law e
	Return to:	St. Anthony Medical Center
	-	Wain at Franciscan Road
		Crown Point, Indiana 46307