## RELEASE OF HOSPITAL LIEN

This is to certify the	at a certain claim by St. Anthony Medical Cer
ranciscan Rd., Crown Foint, 1N 463	· · · · · · · · · · · · · · · · · · ·
	tal Lien which was recorded on the 3.
	87 (as Instrument No. 920550
	er of Lake County, Indiana, and was
ment and maintenance of Th	essary charges for hospital care, treat- omas Hughes 1335 W. 45th Av. Gary In 46408
the amount of Two thousand	
	been (fully/partially) paid and the
Thomas Hughes 1335 W. 45th Av. 0	zed to release said lien against
•	Merrillville In 46410 Claim # 221955470
<b>د</b> ۸ سر ب	
Date: 7-15-87	BY: Wal Jakans
	Walter J. Garbarczyk (Printed)
	(
STATE OF INDIANA )	and the second of
COUNTY OF	:
	Dublic is and for said County and Chate
	Public in and for said County and State, alter J. Garbarczyk , who acknowledged
	going Release of Hospital Lien.
19 S7.	Notarial Seal this 15 day of July.
My Commission Expires:	
5-28-89	Shirly a. Abedreed
My County of Residence:	NOTARY PUBLIC
Lake.	Shirley A. Hedrick
. ;	Typed or Printed Signature
	1 / / // // /
This instrument was prepa	red by March Miller
	According at Daw.
Return to: St.	Anthony Medical Center
Cro	wn Point, Indiana 46307
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