

928220

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by St. Anthony Medical Center  
Main at Franciscan Rd., Crown Point, IN 46307 in connection with the Notice

of Intention to Hold Hospital Lien which was recorded on the 20th  
day of May, 87, (as Instrument No. 918146)

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 Acct # 126085 & 126454  
Robert Schofield 12510 Parrish Av. Cedar Lake In 46303

the amount of Nine thousand four hundred sixty seven and 15/100

Dollars (\$ 9467.15) has been (fully/partially) paid and the  
Recorder is hereby authorized to release said lien against \_\_\_\_\_

Robert Schofield 12510 Parrish Av. Cedar Lake In 46303

Allen R. Bultema 15408 W. 145th Av. Cedar Lake In 46303

Farm Bureau 2008 N. Main Crown Point In 46307 Claim # 2212771313 Agent Ray Setlak

Date: 7-15-87

BY: [Signature]

(Signature)

Walter J. Garbarczyk

(Printed)

JUL 16 12 42 PM '87

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

LILLIAN BLASTICK  
L.C. RECORDER

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ ) SS:

Before me, a Notary Public in and for said County and State,  
personally appeared Walter J. Garbarczyk, who acknowledged  
the execution of the foregoing Release of Hospital Lien.

19 87. WITNESS my hand and Notarial Seal this 15 day of July.

My Commission Expires:

5-28-89

[Signature]  
NOTARY PUBLIC

My County of Residence:

Lake

Shirley A. Hedrick  
Typed or Printed Signature

This instrument was prepared by [Signature]  
Attorney at Law.

Return to: St. Anthony Medical Center  
Main at Franciscan Road  
Crown Point, Indiana 46307  
Attn: Sec. Dept.

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