

933970

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 9
day of Oct, 1986, (as Instrument No. 879516)

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 Michael E. Blissmer 243 Crestline Lowell IN 46356 in
the amount of One thousand two hundred eighty and 15/100

Dollars (\$ 1280.15) has been (fully/partially) paid and the
Recorder is hereby authorized to release said lien against _____

Michael E. Blissmer 243 Crestline Lowell In 46356

Keith Patz 1633 Oriole Dr. Lowell IN 46356

Country Mutual Ins. Co PO Box 2100 Bloomington IL. Claim # 44-57858

Date: 8-19-87

BY:

(Signature)

Walter J. Garbarczyk

(Printed)

**WILLIAM BLASTICK
L.C. RECORDER**
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
AUG 20 11 09 AM '87

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

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.

1987. WITNESS my hand and Notarial Seal this 19 day of Aug.

My Commission Expires:

5-28-89

NOTARY PUBLIC

My County of Residence:

Lake

Shirley A. Hedrick

Typed or Printed Signature

This instrument was prepared by _____

Shirley M. McPhee
Attorney at Law.

Return to: _____

St. Anthony Medical Center
Main at Franciscan Road
Crown Point, Indiana 46307.

Attn: Garbarczyk

57