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St. Anthony Medical Center, Inc.

NOTICE TO RELEASE LIEN

You are hereby notified that ST. ANTHONY MEDICAL CENTER, Main at Franciscan, Crown Point, Indiana, 46307, intends, pursuant to I.C. 32-8-26-3, et seq., to release a Hospital Lien for all reasonable and necessary charges for hospital care, treatment, or maintenance of John A. Anderson - 133779 who resides at 7008 West 126th Avenue, Crown Point, IN 46307, who was admitted to the hospital on February 20, 1988, discharged on February 29, 1988, and whose bill for such services is in the amount of \$ 7,285.10, was satisfied on June 6, 1988 in the amount of \$ 7,285.10, which was recorded on the 22 day of April, 19 88, (as Instrument No. 973796) in the office of the Recorder of Lake County, Indiana.

- Robert & Margorie Anderson (Insured)
State Farm Insurance Company
- 905 Glen Park Ave., Griffith, IN 46319
Claim #: 145455-781 Policy #: 5632334F2014 Adjustor: Joan Vensel
- Department of Insurance
311 West Washington St.
Indianapolis, IN 46204

ST. ANTHONY MEDICAL CENTER

By:

Laura L. Slacian

Laura L. Slacian
Collection Supervisor

JUL 6 1 25 PM '88

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307
STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Laura L. Slacian, being the Collection Supervisor for the above named ST. ANTHONY MEDICAL CENTER, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true.

This instrument was prepared by:

Laura L. Slacian

Laura L. Slacian

Laura L. Slacian

Laura L. Slacian

Subscribed and sworn to before me, a Notary Public, this 29 day of

June, 19 88.

Shirley A. Hedrick

Shirley A. Hedrick Notary Public

My Commission Expires:

5-28-89

A resident of Lake County

Juo