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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 Tim Crabbe who resides at 882-B Mohawk St., Lowell, IN 46356, who was admitted to the hospital on March 10, 1988, discharged on March 17, 1988, and whose bill for such services is in the amount of \$ 56,102.60, was satisfied on June 6, 1988 in the amount of \$ 56,103.60, which was recorded on the 22 day of April, 19 88, (as Instrument No. 973792) in the office of the Recorder of Lake County, Indiana.

- Dwayne Hernandez - 7232 S. Willowbrook, Lowell, IN 46356 (Insured) Allstate Insurance Company
P. O. Box 10249, Merrillville, IN 46411 Claim #: 2210121469 Adjustor: Cindy Jenkins
Department of Insurance 311 W. Washington Indianapolis, IN 46204

JUL 6 1 25 PM '88

LILLIAN A. BLASTICK RECORDER LAKE COUNTY CROWN POINT, INDIANA 46307 FILED FOR RECORD

ST. ANTHONY MEDICAL CENTER By: Laura L. Slacian Collection Supervisor

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

Subscribed and sworn to before me, a Notary Public, this 29 day of June, 19 88.

Shirley A. Hedrick Notary Public A resident of Lake County

My Commission Expires: 5-28-89

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