



985745

# 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 Nancy J. Craig -130834- who resides at 14016 Lauerman, Cedar Lake, IN 46303, who was admitted to the hospital on October 22, 1987, discharged on October 25, 1987, and whose bill for such services is in the amount of \$ 1,485.05, was satisfied on May 13, 1988 in the amount of \$ 1,485.05, which was recorded on the 21 day of January, 19 88, (as Instrument No. 960591) in the office of the Recorder of Lake County, Indiana.

- Hitzeman Robert Insurance Co.  
P. O. Box 341  
Lowell, IN 46356  
Claim #: 91A7A0101-13B002 Adjustor: Karen Lipp
- Department of Insurance  
311 West Washington  
Indianapolis, IN 46204

ST. ANTHONY MEDICAL CENTER

By:

*Laura L. Slacian*

Laura L. Slacian  
Collection Supervisor

JUL 6 1 25 PM '88

FILED FOR RECORD  
LAKE COUNTY

LILLIAN A. BLASTICK  
RECORDER, LAKE COUNTY  
CROWN POINT, INDIANA 46307  
STATE OF INDIANA/S.S. AG.

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:

A resident of Lake County

5-28-89

Revised 9-15-87

*28*