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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 Roy Q. Green - 133611 - who resides at 1086 Shoreline, LOFS, Crown Point, IN 46307, who was admitted to the hospital on February 13, 1988, discharged on February 16, 1988 and whose bill for such services is in the amount of \$ 1,764.85, was satisfied on March 23, 1988 in the amount of \$ 1,764.85, which was recorded on the 08 day of March, 19 88, (as Instrument No. 967407) in the office of the Recorder of Lake County, Indiana.

- State Farm Insurance Co.
16 W. 84th Drive
- Merrillville, IN 46410
Claim #: 145455649 Policy #: 57-13-000-14A Adjustor: Rose A Cordova
- Department of Insurance
311 West Washington
- Indianapolis, IN 46204

LILLIAN A. BLASTICK
 RECORDER OF DEEDS
 CROWN POINT, INDIANA 46307
 JUL 6 1 25 PM '88

ST. ANTHONY MEDICAL CENTER

By: Laura L. Slacian
 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
 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

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