

St. Anthony Medical Center, Inc.

NOTICE TO RELEASE LIEN

You are hereby notified that ST. ANTHON	NY MEDICAL CENTER, Main at Franciscan,
crown Point, Indiana, 46307, intends, p	oursuant to I.C. 32-8-26-3, et seq., to
release a Hospital Lien for all reasons	able and necessary charges for hospital
care, treatment, or maintenance of	John Hoch — 134715 —
who resides at 945 Walnut Drive, Mur	nster, IN 46321
who was admitted to the hospital on	March 29, 1988 , discharged on
March 30, 1988, and whose bill for	such services is in the amount 'of
\$ 1,990.40 , was satisfied	i on May 23, 1988 in the amount
or $\$$ 1,990.40 , which was red	corded on the 13 day of May
19 <u>88</u> , (as Instrument No. <u>977156</u>	o) in the office of the Recorder
ofLakeCounty, Indiana.	
 State Farm Insurance Co. 16 West 84th Drive, Merrillville Claim #: 5409-714 Policy #: ! Insured: Richard Hutchings 	557-1046 Adjustor: Barbara Hickel
Department Of Insurance 311 West Washington Indianapolis, IN 46204	5 m
STATE OF INDIANA)	By: Laura L. Slacian
COUNTY OF LAKE)	Collection Supervisor Collection Supervisor for the
above named ST. ANTHONY MEDICAL CENTER,	being duly sworn upon his/her oath
says that the facts stated in the foreg	roing are/true.
This Insturment was prepared by:	Laure & Slacier
Laura L. Slacián	Laura L. Slacian
Subscribed and sworn to before me, a No	tary Public, this <u>29</u> day of
Jene, 1988.	Shill a Aledard
	Shirley Milleran Public "
	A resident of Lake County
5.28-89	

Revised 9-15-87

