



985749

# 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 Elizabeth Ivasecko -134564- who resides at 10403 Noble Street, Crown Point, IN 46307, who was admitted to the hospital on March 19, 1988, discharged on March 21, 1988, and whose bill for such services is in the amount of \$ 1,592.30, was satisfied on April 14, 1988 in the amount of \$ 1,592.30, which was recorded on the 13 day of May, 19 88, (as Instrument No. 977149) in the office of the Recorder of Lake County, Indiana.

- Secure Preferred  
2200 Lake Ave., P. O. Box 5204  
Fort Wayne, IN 46895-5204  
Claim #: DJG5921 Policy #: FC1823230 Adjustor: Kevin Karras
- Insured: Elizabeth Ivasecko  
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

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

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

A resident of Lake County

My Commission Expires:

5-28-89

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