

985750

St. Anthony Medical Center, Inc.

NOTICE TO RELEASE LIEN

You are hereby notified that ST. ANTI	HONY MEDICAL CENTER, Main at Franciscan,
crown Point, Indiana, 4630/, intends	, pursuant to I.C. 32-8-26-3, et seq., to
care treatment or maintaine s	onable and necessary charges for hospital
care, treatment, or maintenance of who resides at 1025 Elm SW DEMotte In	Keyin R. Messmaker Acct 133249
	······································
9 1 / OO -	1-29-88 , discharged on or such services is in the amount of
did whose bill it	
and the desired and the second	recorded on the 23 day of March
19 88, (as Instrument No. 969473) in the office of the Recorder
of Lake County, Indiana.	
- HARE	
• Paul Bovenkerk 1025 Elm SW D	EMOtte In
• Farm Bureau PO Box 185 Rosel	awn IN. 46372
• Dept of INs. 311 W. Washing	ton Indpl In.
	C C
	ST. ANTHONY MEDICAL GENTER
	SI. ANTHOMI MEDICAL GENTER
	By Mun Macian &
STATE OF INDIANA)	Laura L. Slacian
) ss:	·
COUNTY OF LAKE	
Mark Control of the C	
Laura L. Slacian , being t	
above named ST. ANTHONY MEDICAL CENTE	CR, being duly sworn upon his/her oath,
says that the facts stated in the for	egoing and true. // //
	August States
This instrument was prepared by:	Lawy Sucian
	Daura L. Spacian
Subscribed and sworn to before me, a	Notary Public, thisday of
July , 19 SS.	
	Shirley A Hedrick Notary Public
My Commission Expires:	A resident of Lake County
5-28-89	

Revised 9-15-87

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