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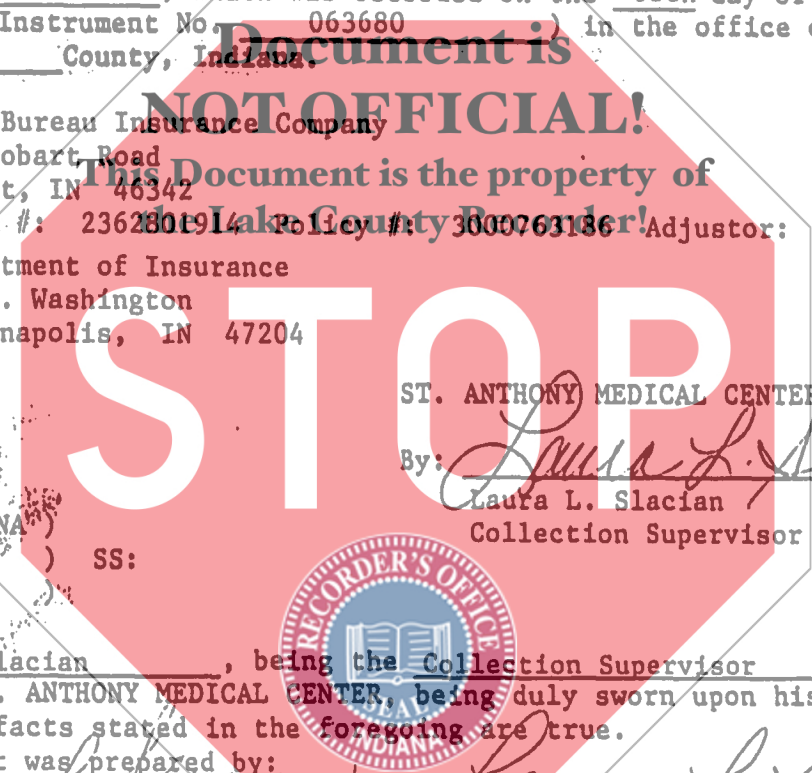


St. Anthony Medical Center, Inc.

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 Harold Killian (148302) who resides at 3786 Liverpool Road, Hobart, IN 46342, who was admitted to the hospital on September 27, 1989, discharged on October 6, 1989, and whose bill for such services is in the amount of \$ 18,691.30, was satisfied on March 19, 1990 in the amount of \$ 5,000.00, which was recorded on the 18th day of October, 19 89, (as Instrument No. 063680) in the office of the Recorder of Lake County, Indiana.

- Farm Bureau Insurance Company
703 Hobart Road
Hobart, IN 46342
Claim #: 23628094 Policy #: 3000763186 Adjustor: Rick G. G. G.
- Department of Insurance
311 W. Washington
Indianapolis, IN 47204



ST. ANTHONY MEDICAL CENTER

By: Laura L. Slacian
 Laura L. Slacian
 Collection Supervisor

STATE OF INDIANA/S.S. NO.
 LAKE COUNTY
 FILED FOR RECORD
 APR 24 9 19 AM '90
 ROBERT J. ...
 RECORDER

STATE OF INDIANA)
)
 COUNTY OF LAKE)

SS:

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

Subscribed and sworn to before me, a Notary Public, this 20 day of

April, 19 90.

Shirley A. Hedrick
 Shirley A. Hedrick Notary Public

A resident of Lake County

My Commission Expires:

6-12-92

Revised 9-15-87

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