

St. Anthony Medical Center, Inc.

MOTION TO ANDMINOR DIDE	
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 Alan Kalwa (147743) who resides at 317 153rd Place, Calumet City, IL 60610	
who was admitted to the hospital on	September 4, 1989 , discharged on
September 6, 1989 and whose bill for	such services is in the amount of
	d on October 16, 1989 in the amount
of \$ 895.00 , which was re	corded on the 12th day of October .
19 89 , (as Instrument No. 06249	in the office of the Recorder
of Lake County, Indiana.	ment is
500 Economy Court Document	FICIAL! is the property of PROPERTY OF THE P
Department of Insurance	
311 W. Washington Indianapolis, IN 46204	ST. ANTHONY MEDICAL CENTER
	By: Aulu & Slacian
STATE OF INDIANA.)	Collection Supervisor
COLINITY SOR I AVE	KS O
COUNTY OF LAKE Laura L. Slacian , being th	Collection Supervisor for the
above named ST. ANTHONY MEDICAL CENTER	, being duly sworn upon his/her oath,
says that the facts stated in the fore	going are true. //
This insturment was trepared by:	Laura Slacean
Laura L. Slackan	Laura L. Slacian
Subscribed and sworn to before me, a N	otary Public, thisday of
Gail , 19 <u>90</u> .	Shuly Atledrick.
	Shirley A Hedrick Notary Public
My Commission Expires:	A resident of County
6-12-93	

Revised 9-15-87

J.00