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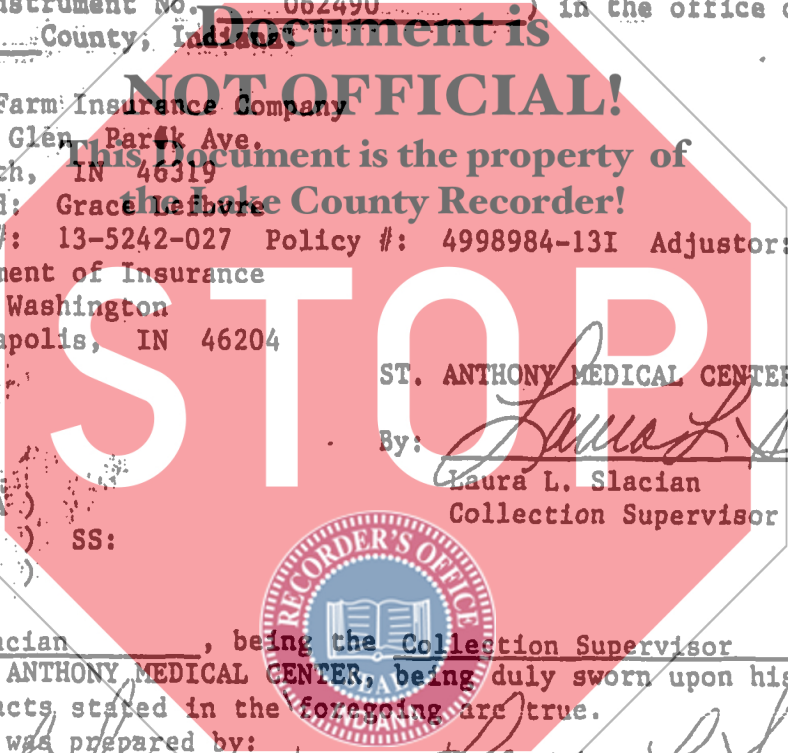
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St. Anthony Medical Center, Inc.

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 Lynette Hill (147738) who resides at 18310 Johns St., Crown Point, IN 46307, who was admitted to the hospital on September 3, 1989, discharged on September 5, 1989, and whose bill for such services is in the amount of \$ 4,279.90, was satisfied on March 5, 1990 in the amount of \$ 4,279.90, which was recorded on the 12th day of October, 19 89, (as Instrument No. 062490) in the office of the Recorder of Lake County, Indiana.

- State Farm Insurance Company
905 W. Glen Park Ave.
Griffith, IN 46319
- Insured: Grace Herbore
- Claim #: 13-5242-027 Policy #: 4998984-13I Adjustor: Tim Mingo
Department of Insurance
311 W. Washington
Indianapolis, IN 46204



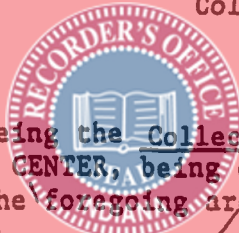
STATE OF INDIANA/S.S. NO.
 LAKE COUNTY
 FILED FOR RECORD
 APR 24 9 16 AM '90
 ROBERT BUEBEL
 RECORDER
 Tipton, Indiana

ST. ANTHONY MEDICAL CENTER

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

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, 1990.

Shifley A. Hedrick
 Shifley A. Hedrick Notary Public

A resident of Lake County

My Commission Expires:

6-12-93

500

Revised 9-15-87