



096790

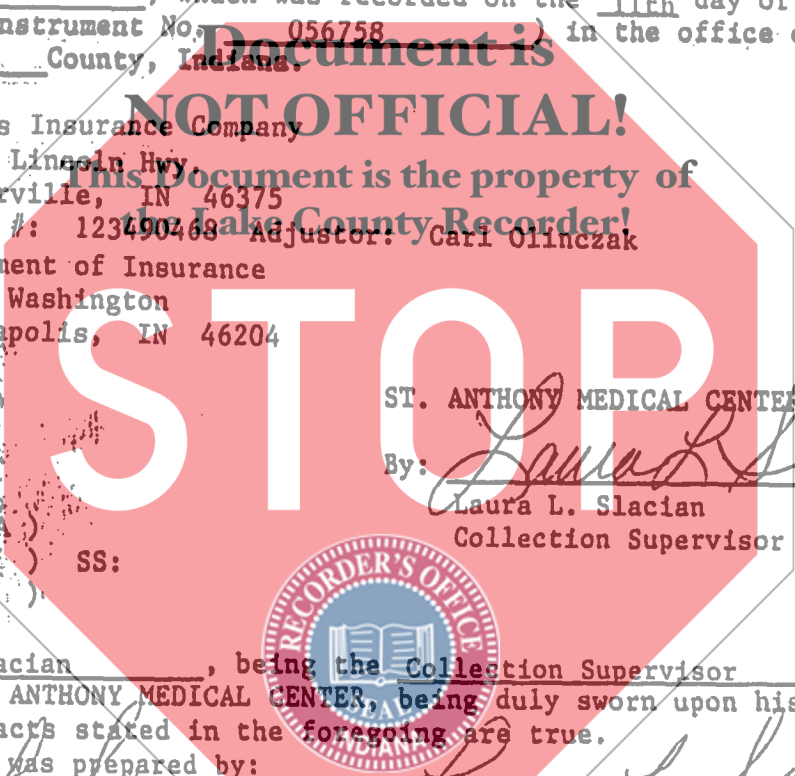
4

# 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 James D. W. Goddin (2253627) who resides at 8207 Hovey Court, Crown Point, IN 46307, who was admitted to the hospital on August 1, 1989, discharged on August 1, 1989, and whose bill for such services is in the amount of \$ 2,721.00, was satisfied on March 7, 1990 in the amount of \$ 2,721.00, which was recorded on the 11th day of September, 19 89, (as Instrument No. 056758) in the office of the Recorder of Lake County, Indiana.

- Farmers Insurance Company  
140 E. Lincoln Hwy.  
Schererville, IN 46375  
Policy #: 123490468 Adjustor: Carl Olineczak
- Department of Insurance  
311 W. Washington  
Indianapolis, IN 46204



STATE OF INDIANA/S.S. NO. 1  
LAKE COUNTY  
FILED FOR RECORD  
APR 24 9 20 AM '90  
ROBERT J. COOPER  
RECORDER

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, 19 90.

Shirley A. Hedrick  
Shirley A. Hedrick Notary Public

A resident of Lake County

My Commission Expires:

6-12-93

Revised 9-15-87

5.00  
OK