

## St. Anthony Medical Center, Inc.

MOTICE	TO RELEASE LIEN	/
You are hereby notified that CT ANTHO	VIV MEDICAL CENTED WALL	, <b>, , , , , , , , , , , , , , , , , , </b>
You are hereby notified that ST. ANTHO	INI MEDICAL CENTER, Main at	Franciscan,
Crown Point, Indiana, 46307, intends,	pursuant to 1.C. 32-8-26-3	, et seq., to
release a Hospital Lien for all reason	able and necessary charges	for hospital
care, treatment, or maintenance of	Donna J. Garrett (2258002)	<u> </u>
who resides at 14105 W. 77th Avenue,	Dyer, IN 46311	, , , , , , , , , , , , , , , , , , ,
who was admitted to the hospital on	September 18, 1989 , d	lischarged on
September 18, 1989, and whose bill for	such services is in the a	mount of
\$ <u>945.00</u> , was satisfie	d on <u>March 2, 1990</u>	_in the amount
of \$ 945.00 , which was re	corded on the $27$ day of	November
19 <u>89</u> , (as Instrument No. <u>0702</u>	81 ) in the office	of the Recorder
of Lake County, Indiana.	ment is	
Docu	micht 15	
. Kemper Insurance Company	FFICIALL	
P. O. Box 24339	rricial.	
Indianapolis TIN 1632410339	t is the property of	
Claim #: 533LN023428 Adjusto	r: Robert J. Bradley	
Department of Insurance	duity Recorder:	
1 1311 W. Washington		<b>20</b> ~
Indianapolis, IN 46204		
		FR 2
	ST. ANTHONY MEDICAL CENTI	
		E SO THE
	By: Mula of	lacter #3
	Laura L. Slacian	## S ##
STATE OF INDIANA	Collection Supervisor	PLOCUE HEGGED AND A LOS OF THE CONTRACT OF THE
S) SS:	SER'S COLL	
COUNTY OF LAKE	DEAL SOLE	388. 00°
The state of the s	TOTAL CELL	
Laura L. Slacian , being th	ne Collection Supervisor	for the
above named ST. ANTHONY MEDICAL CENTER	being duly sworn upon h	is/her oath,
says that the facts stated in the fore	going are true.	
This Insturment was prepared by:		
- Mully F. Selector	// Willan XIE	acian
Laura L. Slacian	Laura L. Slacian	•
Subscribed and sworn to before me, a M	Notary Public, this 20	day of
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bril , 19 <u>90</u> .	000	10.
<del></del>		
•	Thules UT	edrell)
	Shirley M. Hedrick	Notary Public
		•
My Commission Expires:	A resident of Take	County

Revised 9-15-87

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