



100028

# St. Anthony Medical Center, Inc.

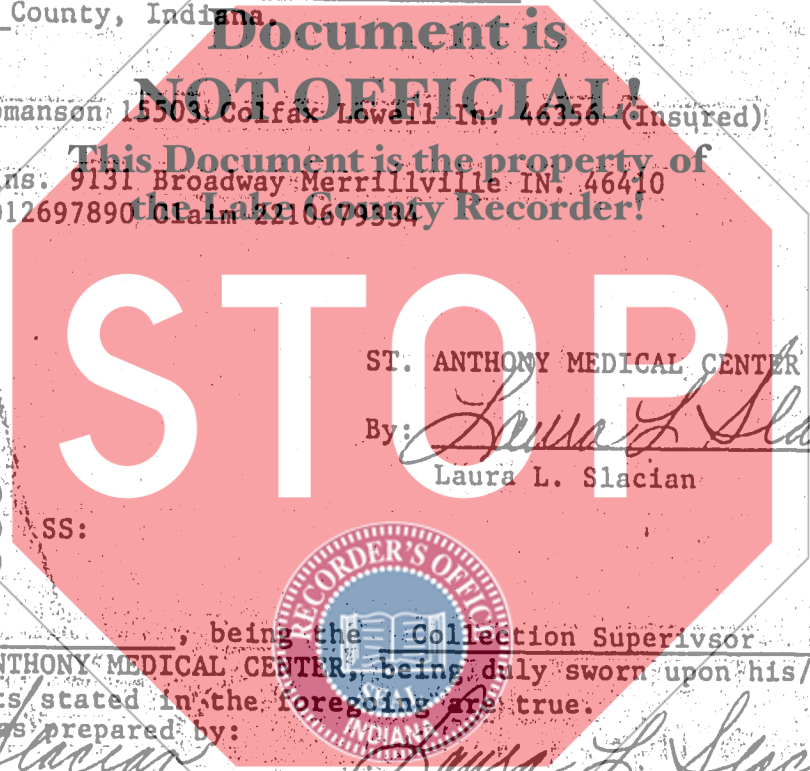
## NOTICE TO RELEASE LIEN

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 Andrew J. Nomanson Acct # 150682 who resides at 15503 Colfax Lowell In. 46356, who was admitted to the hospital on 12-31-89, discharged on 1-3-90, and whose bill for such services is in the amount of \$ 7410.10, was satisfied on 4-2-90 in the amount of \$ 7410.10, which was recorded on the 29 day of Jan, 19 90, (as Instrument No. 081567) in the office of the Recorder of Lake County, Indiana.

Phillip Nomanson 15503 Colfax Lowell In. 46356 (Insured)

Allstate Ins. 9131 Broadway Merrillville IN. 46410  
Policy # 012697890 Claim # 2210679334

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STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED FOR RECORD  
MAY 11 12 54 PM '90  
ROBERT W. BOSE, RECORDER

ST. ANTHONY MEDICAL CENTER

By: Laura L. Slacian  
Laura L. Slacian

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  
Laura L. Slacian      Laura L. Slacian

Subscribed and sworn to before me, a Notary Public, this 8 day of

May, 1990.

Shirley A. Hedrick  
Shirley A. Hedrick      Notary Public

My Commission Expires:

A resident of Lake County

6-12-93

5.00  
dc

Revised 9-15-87