



100032

St. Anthony Medical Center, Inc.

NOTICE TO RELEASE LIEN Partial Release

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 Phillip Norwine Acct # 146371 who resides at 518 4th Av. DeMotte In. 46310, who was admitted to the hospital on 7-11-89, discharged on 7-19-89, and whose bill for such services is in the amount of \$ 10348.95, was satisfied on 11-10-89 in the amount of \$ 6900.00, which was recorded on the 21 day of April, 19 89, (as Instrument No. 053379) in the office of the Recorder of Lake County, Indiana.

Allstate 9131 Broadway Merrillville In. Policy # 012029769423
 Claim 2210599754 Adj. Mike Holdon

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STATE OF INDIANA/S.S.H.C.
 LAKE COUNTY
 FILED FOR RECORD

MAY 11 12 54 PM '90
 ROBERT W. GIBB
 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

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

May, 19 90.

Shirley A. Hedrick
 Shirley A. Hedrick Notary Public
 A resident of Lake County

My Commission Expires:
6-12-93

5.00
 OK

Revised 9-15-87