

141008



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 Larry E. Hagglund (156016) who resides at R.R. 1, Box 113, DeMotte, IN 46310, who was admitted to the hospital on July 12, 1990, discharged on July 22, 1990, and whose bill for such services is in the amount of \$ 12,129.25, was satisfied on November 6, 1990 in the amount of \$ 12,129.25, which was recorded on the 25th day of October, 19 90, (as Instrument No. 130960) in the office of the Recorder of Lake County, Indiana.

- Farm Bureau Insurance Co.
P. O. Box 185
Roselawn, IN 46372
Claim #: 12-C1892575 Policy #: 352-6798 Adjustor: Tim Geller
- Department of Insurance
311 W. Washington
Indianapolis, IN 46204

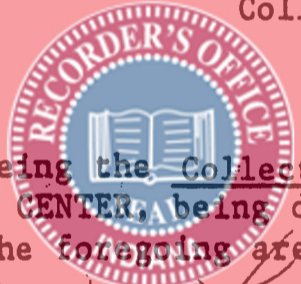


STATE OF INDIANA)
COUNTY OF LAKE)

SS:

ST. ANTHONY MEDICAL CENTER

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



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 27 day of December, 19 90.

Shirley A. Hedrick
Shirley A. Hedrick Notary Public

My Commission Expires:

6-12-93

A resident of Lake County

500