



91008373

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 Lisa M. Trinoskey Acct # 155738 who resides at 10455 Winding Ridge Rd. DeMotte In. 46310, who was admitted to the hospital on 6-28-90, discharged on 7-20-90, and whose bill for such services is in the amount of \$ 26,540.95, was satisfied on 12-24-90 in the amount of \$ 26,540.95, which was recorded on the 26 day of Sept, 19 90, (as Instrument No. 125640) in the office of the Recorder of Lake County, Indiana.

Document is NOT OFFICIAL!

- John Fase 10455 Winding Ridge Rd. DeMotte In. 46310 (Insured)
- State Farm Ins. PO Box 2120 Michigan City In. 46360 Policy 5731794B2414C Claim # 14 5565 106
- Dept of Ins. 311 W. Washington Indpl. In. 46402

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 forgoing are true.

This instrument was prepared by:

Laura L. Slacian

Laura L. Slacian

Subscribed and sworn to before me, a Notary Public, this 19 day of Feb., 19 91.

Shirley A. Hedrick
 Shirley A. Hedrick Notary Public

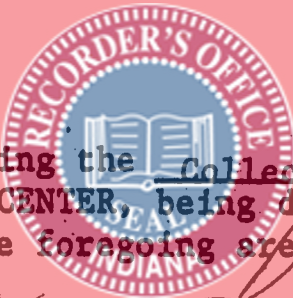
My Commission Expires:
6-13-93

A resident of Lake County

Revised 9-15-87

STATE OF INDIANA/S.S. NO
 LAKE COUNTY
 FILED FOR RECORD

FEB 22 10 33 AM '91
 ROBERT RECORDER



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