

St. Anthony Medical Center, Inc.

NOTICE TO RELEASE LIEN

You are hereby notified that ST. ANTHO	ONY 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 reason	nable and necessary charges for hospital
care, treatment, or maintenance of Ca	arl Zuccarelli Acct #137847
who resides at 18432 Carriage Lane Lar	nsing I1. 60438
who was admitted to the hospital on	7-25-88 , discharged on
7-26-88 , and whose bill for	r such services is in the amount of
\$ <u>1768.30</u> , was satisfic	ed on 1-24-91 in the amount
of \$ 1768.30 , which was re	ecorded on the 26 day of Aug.
19 <u>88</u> , (as Instrument No. 994293	in the office of the Recorder
of Lake County Indiana Cu	ment is
. Carl J. Zuccarelli 18432 Carri	age Lane Lansing II. 60438 (Insured)
. State Farm This 9550 gungent	
Policy # 8085141809-13-D Clair	ul3-5159-295-Addistpr Dpma;d
. Kurcz	
	Si Si Si
7. 32	ST. ANTHONY MEDICAL CENTER
	A MILLA & MARINE TO THE
	By: ANTHONY MEDICAL CENTER OF THE OF
STATE OF INDIANA)	Laura L. Stacian
STATE OF INDIANA) SS:	m w m s
COUNTY OF LAKE	A LE CORD
SOUNTE OF BEACH	
Laura I. Slacian , being th	for the
above named ST. ANTHONY MEDICAL CENTER	being duly sworn anon his/her oath.
says that the facts stated in the fore	proing are true.
This instrument was prepared by:	Clare
Allen A Villein	Lausa J. Dlacean
Laura L. Slacian	Laura L. Slacian
Subscribed and sworn to before me, a N	Notary Public, this // day of
<u>e8.</u> , 19 <u>9/</u> .	
	Shuly (Thebull
	Shirley A Hedrick Notary Public
My Commission Expires:	A resident of Lake County
6-13-93	

Revised 9-15-87