



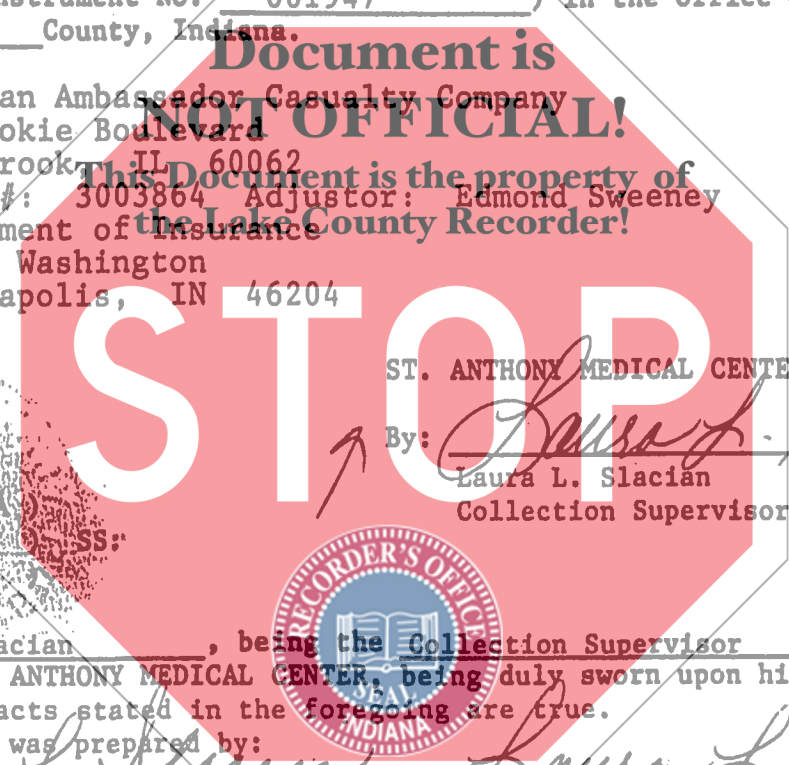
92052112

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 David R. Grevenstuk (139136) who resides at 15160 N. 1000 W., Demotte, IN 46310, who was admitted to the hospital on September 11, 1988, discharged on September 13, 1988 and whose bill for such services is in the amount of \$ 2,288.00, was satisfied on May 1992 in the amount of \$ 2,288.00, which was recorded on the 12th day of October, 19 88, (as Instrument No. 001947) in the office of the Recorder of Lake County, Indiana.

- American Ambassador Casualty Company
900 Skokie Boulevard
Northbrook, IL 60062
Claim #: 3003864 Adjustor: Edmond Sweeney
- Department of Insurance
311 W. Washington
Indianapolis, IN 46204



STATE OF INDIANA/S.S.M.D.
LAKE COUNTY
FILED FOR RECORD

ROBERT
RECORDER

MAY 14 12 56 PM '92

STATE OF INDIANA
COUNTY OF LAKE

ST. ANTHONY MEDICAL CENTER
By: 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
Subscribed and sworn to before me, a Notary Public, this 5 day of

June, 19 92.

Shirley A. Hedrick
Shirley A. Hedrick Notary Public

My Commission Expires:

A resident of Lake County

6-13-93

Revised 9-15-87

700