



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

St. Anthony Medical Center

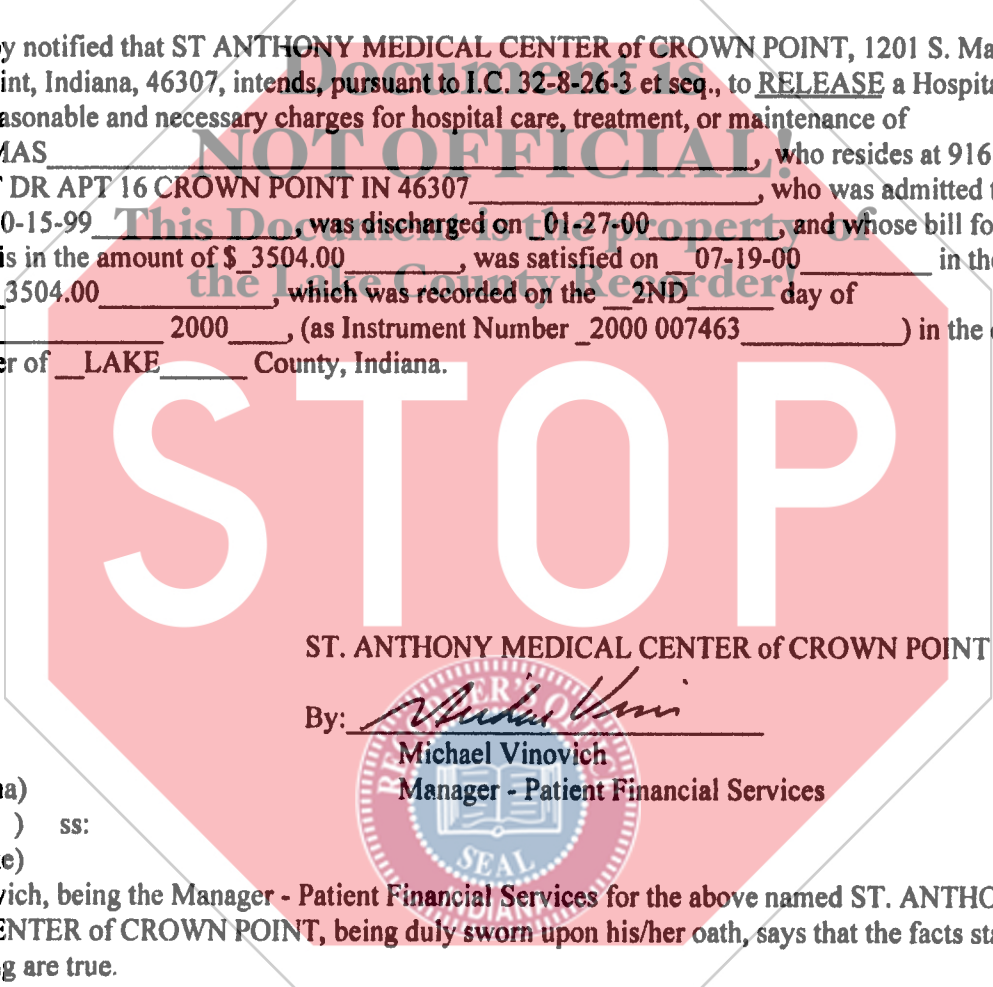
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MORRIS W. CARTER
RECORDER

NOTICE TO RELEASE LIEN

You are hereby notified that ST ANTHONY MEDICAL CENTER of CROWN POINT, 1201 S. Main St., 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 AMY THOMAS, who resides at 916 CYPRESS PT DR APT 16 CROWN POINT IN 46307, who was admitted to the hospital on 10-15-99, was discharged on 01-27-00, and whose bill for such services is in the amount of \$ 3504.00, was satisfied on 07-19-00 in the amount of \$ 3504.00, which was recorded on the 2ND day of FEB 2000, (as Instrument Number 2000 007463) in the office of the Recorder of LAKE County, Indiana.



ST. ANTHONY MEDICAL CENTER of CROWN POINT

By: Michael Vinovich
Michael Vinovich
Manager - Patient Financial Services

State of Indiana)

) ss:

County of Lake)

Michael Vinovich, being the Manager - Patient Financial Services for the above named ST. ANTHONY MEDICAL CENTER of CROWN POINT, being duly sworn upon his/her oath, says that the facts stated in the foregoing are true.

This instrument was prepared by:

Michael Vinovich
Michael Vinovich

Michael Vinovich
Michael Vinovich

Subscribed and sworn to before me, a Notary Public, this 8 day of August, 2000

Shirley A. Hedrick
Shirley A. Hedrick, Notary Public
A Resident of Lake County

My Commission Expires:
01-02-2008
Revised 3/8/99

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