



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

St. Anthony Medical Center 2004 094148

2004 NOV -4 AM 11:16

Notice To Release Lien

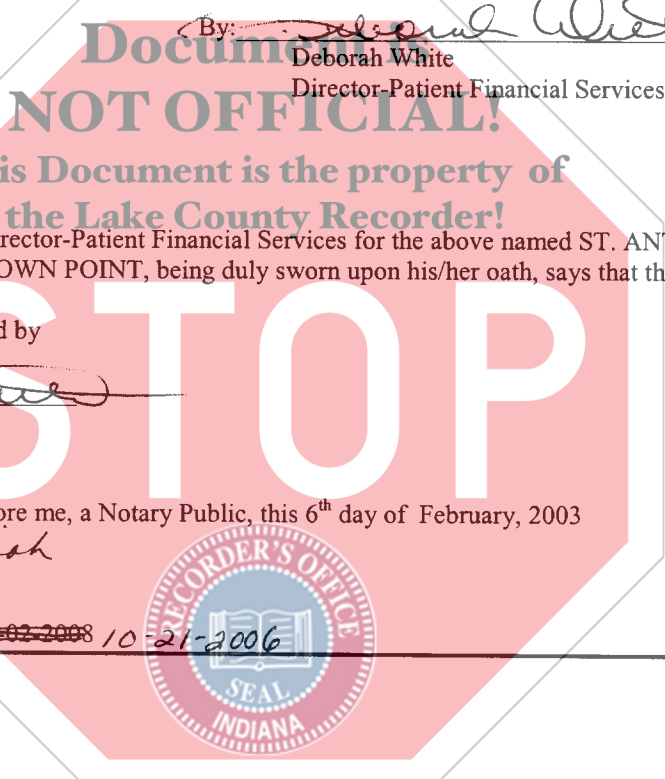
MORRIS W. CURTIS  
RECORDER

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 **Patricia Jones** who Resides at **4540 E. 7<sup>th</sup> Ave. Gary IN. 46403**, who was admitted to the hospital on **01-15-02** and discharged on **01-16-02**, and whose bill for such services was satisfied on **08-19-04**, which was recorded on the **17th** day of **April 2002** as instrument number **036503** in the office of the Recorder of Lake County Indiana.



ST. ANTHONY MEDICAL CENTER OF CROWN POINT

By: *Deborah White*  
Deborah White  
Director-Patient Financial Services



State of Indiana)  
)  
County of Lake)

Deborah White, being the Director-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

*Deborah White*  
Deborah White  
Director -Patient Accounts

Subscribed and sworn to before me, a Notary Public, this 6<sup>th</sup> day of February, 2003

*Bonnie Broviak*  
Bonnie Broviak  
A Resident of Lake Co.

My Commission Expires: ~~01-02-2008~~ 10-21-2006

1201 South Main Street, Crown Point, Indiana 46307-8483

Telephone: (219) 663-8120

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