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2006-11-06 PM 2:31

MICHAEL A. BROWN
RECORDER

St. Catherine Hospital
4321 Fir Street
East Chicago, IN 46312

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. CATHERINE HOSPITAL

against ALLSTATE AUTO INSURANCE CO., 1449 E. 84TH PLACE,
MERRILLVILLE, IN 46410 CL #002253059 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21ST day of SEPTEMBER 20 05
and recorded on the 3RD day of OCTOBER 20 05 (as instrument No.
01400247) (in Hospital Lien Book, Page 2005007578) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,
treatment and maintenance of JOHN ORBAN .

Regarding Patient Account Number 01400247 in the amount of TWO THOUSAND

TWO HUNDRED SEVENTY FIVE AND 75/100 Dollars (\$ 2,275.75)

the Recorder is hereby authorized to release said lien solely as to the above described party this
28TH day of NOVEMBER 20 06

Christa Hacker
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared CHRISTA HACKER who
acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal
this 28TH Day of NOVEMBER 20 06
My Commission Expires: 2/14/09
Residing in Lake County, Indiana



Lisa Ward
Lisa Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Catherine Hospital.

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