

STATE OF INDIANA
LAKE COUNTY
FILED RECORDED

2006 109513

2006 10 11 2:59

MICHAEL A. CROWN
RECORDER

St. Mary Medical Center
1500 S. Lake Park Ave.
Hobart, IN 46342

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. MARY MEDICAL CENTER

against ALLSTATE INSURANCE, 128 MAIN STREET,
HOBART, IN 46342 CL #1569611079 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 12TH day of SEPTEMBER 20 05

and recorded on the 28TH day of SEPTEMBER 20 05 (as instrument No.

09564827) (in Hospital Lien Book, Page 2005085378) 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 MARGARET FINLEY.

Regarding Patient Account Number 09564827 in the amount of TWO THOUSAND

THREE HUNDRED NINETY FOUR AND 75/100 Dollars (\$ 2,394.75)

the Recorder is hereby authorized to release said lien solely as to the above described party this

5TH day of DECEMBER 20 06

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

Christa Hacker
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 5TH Day of DECEMBER 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. Mary Medical Center.

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