

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 111571

2006 DEC 20 AM 11:39

MICHAEL A. BROWN
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 STATE FARM INSURANCE, P.O. BOX 2345,
BLOOMINGTON, IL 61702 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18TH day of OCTOBER 20 06

and recorded on the 3RD day of NOVEMBER 20 06 (as instrument No.

09667536) (in Hospital Lien Book, Page 2006096736) 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 WAYNE ANTHONY

Regarding Patient Account Number 09667536 in the amount of ELEVEN THOUSAND

THREE HUNDRED SIXTY SIX AND 45/100 Dollars (\$ 11,366.45)

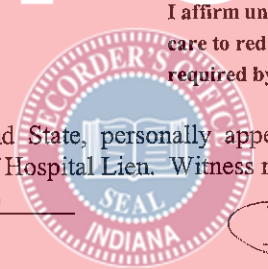
the Recorder is hereby authorized to release said lien solely as to the above described party this

14TH day of DECEMBER 20 06

(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 14TH Day of DECEMBER 20 06
My Commission Expires: 2/14/09
Residing in Lake County, Indiana

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.



Lisa Ward
Lisa Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.

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