

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 111573

2006 DEC 20 AM 11:39

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 SAFECO INSURANCE, P.O. BOX 66768,

ST. LOUIS, MO 63166 CL #172821092020 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 16TH day of OCTOBER 20 06

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

01479034) (in Hospital Lien Book, Page 2006096780) 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 GLENN GALLAGHER

Regarding Patient Account Number 01479034 in the amount of TWO THOUSAND

THREE HUNDRED SIXTY SEVEN AND 15/100 Dollars (\$ 2,367.15)

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

Lisa Ward
Lisa Ward, Notary Public

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

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