

STATE OF INDIANA
LAKE COUNTY
FILED RECORDER'S OFFICE

2007 031494

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 CL #14-2041-444 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.

096444260) (in Hospital Lien Book, Page 2006096786) 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 GUADALUPE OCHOA

Regarding Patient Account Number 096444260 in the amount of TWO THOUSAND

TWO HUNDRED NINETY THREE AND 50/100 Dollars (\$ 2,293.50)

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

2ND day of APRIL 20 07

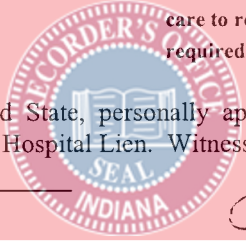
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 2ND Day of APRIL 20 07
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.

12⁰⁰
029273
9