

2007 036547

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 MAY -3 AM 11:29

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 CL #14-2080-979 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 6TH day of MARCH 20 07

and recorded on the 14TH day of MARCH 20 07 (as instrument No.

10077318) (in Hospital Lien Book, Page 2007022068) 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 WILLIAM BEITH

Regarding Patient Account Number 10077318 in the amount of SEVEN THOUSAND

EIGHT HUNDRED NINE AND 50/100 Dollars (\$ 7,809.50)

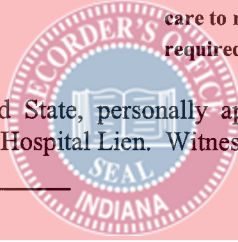
the Recorder is hereby authorized to release said lien solely as to the above described party this

1ST day of MAY 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 1ST Day of MAY 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.

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