

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 044796

2007 JUN -1 PM 3:12

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 GLOBE AMERICAN CASUALTY, P.O. BOX 6070,

INDIANAPOLIS, IN 46206 CL #102781720 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 28TH day of MARCH 20 06

and recorded on the 5TH day of APRIL 20 06 (as instrument No.

09618194) (in Hospital Lien Book, Page 2006028065) 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 SANDRA MCINTIRE

Regarding Patient Account Number 09618194 in the amount of FORTY TWO

THOUSAND THREE HUNDRED TWELVE AND 36/100 Dollars (\$ 42,312.36)

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

16TH day of MAY 20 07

(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 16TH Day of MAY 20 07

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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