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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 2362,
BLOOMINGTON, IL 61702 CL #14-1952-773 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7TH day of SEPTEMBER 20 06
and recorded on the 17TH day of OCTOBER 20 06 (as instrument No.
10032436) (in Hospital Lien Book, Page 2006090513) 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 PAMELA RYDER

Regarding Patient Account Number 10032436 in the amount of TWO THOUSAND

ONE HUNDRED FOUR AND 00/100 Dollars (\$ 2,104.00)

the Recorder is hereby authorized to release said lien solely as to the above described party this
22ND 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 22ND 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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