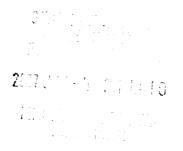
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St. Mary Medical Center 1500 S. Lake Park Ave. Hobart, IN 46342

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	7 TH day of <u>SEPTEMBER</u> 20 <u>06</u>
and recorded on the 17 TH day of OCTO	OBER 20 06 (as instrument No.
10032436) (in Hospital Lien Book, P	Page $\underline{2006090513}$) 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 RYDI	ROFFICIAL!
Regarding Patient Account Numbers Docum10032436 the 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	
22 ND day of MAY 20 07	
	Christ Hachen
	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT
(STATE OF INDIANA)	I affirm under the penalties for perjury, that I have taken reasonable
() SS: (COUNTY OF LAKE)	care to redact each Social Security number in this document, unless
(COUNTY OF LAKE)	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 22 ND Day of MAY 20 07	
My Commission Expires: 2/14/09 Residing in Lake County, Indiana Lisa Ward, Notary Public	
Residing in Lake County, Indiana	Lisa wara, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.

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