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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 BC HIGHMARK PO BOX 37110 & BC ANTHEM PO BOX 37010

LOUISVILLE, KY 43233 & LOUISVILLE, KY 40233 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 6<sup>TH</sup> day of JUNE 20 03

and recorded on the 18<sup>TH</sup> day of JUNE 20 03 (as instrument No.

9339073 ) (in Hospital Lien Book, Page 2003062608 ) 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 MICHAEL J. HAYDUK

Regarding Patient Account Number 9339073 in the amount of TWO THOUSAND

TWO HUNDRED NINETY FIVE AND 97/100 Dollars (\$ 2,295.97 )

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

22<sup>ND</sup> 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 22<sup>ND</sup> 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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