

2007 045194

2007-05-22 10:10

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 FARM BUREAU INSURANCE, 3586 N. HOBART RD.,
HOBART, IN 46342 CL #1160968 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 17TH day of AUGUST 20 05

and recorded on the 24TH day of AUGUST 20 05 (as instrument No.

09710416) (in Hospital Lien Book, Page 2005072054) 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 PAUL BOGDAN

Regarding Patient Account Number 09710416 in the amount of SIXTEEN THOUSAND

FOUR HUNDRED EIGHTY EIGHT AND 16/100 Dollars (\$ 16,488.16)

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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