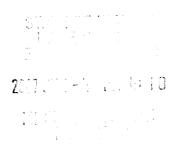
2007 045194



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	17 <sup>TH</sup> day of AUGUST 20 05
and recorded on the 24 <sup>TH</sup> day of AUGU	ST 20 05 (as instrument No.
09710416 ) (in Hospital Lien Book, Pa	age $2005072054$ ) 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	OFFICIAL!
Regarding Patient Account Numbers Docum 09710416 the 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	
22 <sup>ND</sup> day of MAY 20 07	Christa Hache
(STATE OF INDIANA) ( ) SS: (COUNTY OF LAKE )	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 <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this <u>22<sup>ND</sup></u> Day of <u>MAY</u> 20 <u>07</u> My Commission Expires: <u>2/14/09</u> Residing in Lake County, Indiana	

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

12-# 029769 SUS