

2007 049303

St. Catherine Hospital
4321 Fir Street
East Chicago, IN 46312

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. CATHERINE HOSPITAL

Against CMI, P.O. BOX 8083,

BENTONVILLE, AR 72712 CL #L5888919 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14TH day of NOVEMBER 20 06

and recorded on the 22ND day of NOVEMBER 20 06 (as instrument No.

01421420) (in Hospital Lien Book, Page 2006103750) 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 LEONILA CRUZ

Regarding Patient Account Number 01421420 in the amount of ONE THOUSAND

SIXTY TWO AND 89/100 Dollars (\$ 1,062.89)

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

29TH day of MAY 20 07

Christa Hacker
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

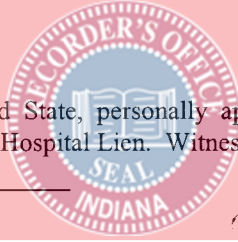
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 29TH 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. Catherine Hospital.

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