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	PROGRESSIVE INSURANCE, 5521 W. LINCOLN HIGHWAY,
CROWN POINT, IN 46307 CL #042340656	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	
and recorded on the $26^{TH}$ day of $MAY$	20 04 (as instrument No.
9416120 ) (in Hospital Lien Book, Pa	age $2004043758$ ) 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 RICHARD A. BA	RANDELATICIAL!
	19416120s the in the amount of of TWO THOUSAND
FIVE HUNDRED FOUR AND 81/100	e County Recorder!  Dollars (\$ 2,504.81
the Recorder is hereby authorized to release said lien sole  29 <sup>TH</sup> day of MAY 20 07	
	Christa Hacker-Patient Financial SUPPORT
(STATE OF INDIANA) ( ) SS: (COUNTY OF LAKE )	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>29<sup>TH</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.

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