

2007 049306

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 19<sup>TH</sup> day of MARCH 20 04

and recorded on the 29<sup>TH</sup> day of MARCH 20 04 (as instrument No.

9414165 ) (in Hospital Lien Book, Page 2004025325 ) 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. BARANDELA

Regarding Patient Account Number 9414165 in the amount of ONE THOUSAND

THREE HUNDRED THIRTY SIX AND 75/100 Dollars (\$ 1,336.75 )

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

29<sup>TH</sup> day of MAY 20 07

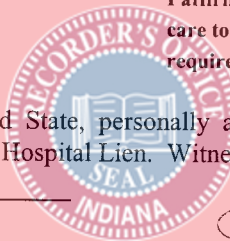
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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 29<sup>TH</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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