

2007 049307

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 AUTO OWNERS INSURANCE, P.O. BOX 470,

MISHAWAKA, IN 46546 CL #10-58-2006 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 26TH day of APRIL 20 06

and recorded on the 4TH day of MAY 20 06 (as instrument No.

09601686) (in Hospital Lien Book, Page 2006137681) 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 HENRY CALLAHAN

Regarding Patient Account Number 09601686 in the amount of TWENTY EIGHT

THOUSAND THREE HUNDRED SEVENTY ONE AND 97/100 Dollars (\$ 28,371.97)

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

29TH 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 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. Mary Medical Center.

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