

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 052001

2007 JUN 26 PM 12: 15

MICHAEL A. BROWN
RECORDER

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 KEMPER INSURANCE, P.O. BOX 24339,
INDIANAPOLIS, IN 46224 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14TH day of NOVEMBER 19 92
and recorded on the 3RD day of DECEMBER 19 92 (as instrument No.
3325289) (in Hospital Lien Book, Page 92076368) 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 JOSE G. FLORES

Regarding Patient Account Number 3325289 in the amount of TWO HUNDRED
SIXTY FIVE AND 65/100 Dollars (\$ 265.65)

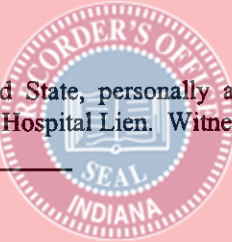
the Recorder is hereby authorized to release said lien solely as to the above described party this
7TH day of JUNE 20 07

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 7TH Day of JUNE 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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