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STATE OF INDIANA
LAKE COUNTY

RECORDED

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 AMERICAN FAMILY INSURANCE, P.O. BOX 9244,

OAK BROOK, IL 60522 CL #571154601 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 5TH day of OCTOBER 20 05

and recorded on the 27TH day of DECEMBER 20 05 (as instrument No.

095113545) (in Hospital Lien Book, Page 2005112804) 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 JORGE GONZALEZ

Regarding Patient Account Number 09513545 in the amount of EIGHT THOUSAND

ONE HUNDRED TWELVE AND 43/100 Dollars (\$ 8,112.43)

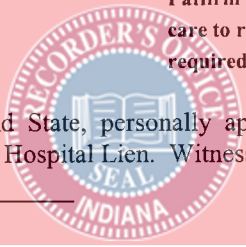
the Recorder is hereby authorized to release said lien solely as to the above described party this

19TH day of JUNE 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 19TH 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. Mary Medical Center.

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