

2007 052826

STATE OF INDIANA  
LAKE COUNTY  
2007 JUN 26 PM 1:16

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 CO., P.O. BOX 67,

ST. JOSEPH, MI 49085 CL #80-2361-05 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 17<sup>TH</sup> day of AUGUST 20 05

and recorded on the 24<sup>TH</sup> day of AUGUST 20 05 (as instrument No.

09553756 ) (in Hospital Lien Book, Page 2005072055 ) 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 DEBRA GASKILL

Regarding Patient Account Number 09553756 in the amount of TWENTY FIVE

THOUSAND NINE HUNDRED SEVENTY FOUR AND 44/100 Dollars (\$ 25,974.44 )

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

19<sup>TH</sup> 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 19<sup>TH</sup> 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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