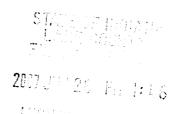
2007 052826



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 #80-2	2361-05	in c	onnection with the Notice of
Intention to Hold Hospital Lien which was executed the		17 TH day of	AUGUST 20 05
and recorded on the 24 TH	day of AUGUST	20 (as in	nstrument No.
09553756) (in Ho	ospital 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 GASKILLOFFICIAL.			
Regarding Patient Account Numbers Documo9533756 the in the amount of of TWENTY FIVE the Lake County Recorder!			
THOUSAND NINE HUNDRED SE			25,974.44)
the Recorder is hereby authorized to release said lien solely as to the above described party this			
19 TH day of JUNE	20 07	/7/	
		Chris	ER-PATIENT FINANCIAL SUPPORT
(STATE OF INDIANA)		I affirm under the penal	ties for perjury, that I have taken reasonable
(COUNTY OF LAKE)	SUULDEA	care to redact each Soci required by law.	al Security number in this document, unless
Before me, a Notary Public in and for said County and State, personally appeared <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal			
this 19 TH Day of JUNE My Commission Expires: 2/14/09 Residing in Lake County, Indiana	20 07	Jen Li	O. S. (100) C. sa Ward, Notary Public
This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.			
	1		(20) 30 030030