

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 099045

2007 DEC 19 AM 9:12

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 HOSITAL

against

STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-2136-033

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 11TH day of SEPTEMBER 20 07

and recorded on the 24TH day of SEPTEMBER 20 07 (as instrument No.

01569368) (in Hospital Lien Book, Page 2007076278) 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 ALEX ROSS

Regarding Patient Account Number 01569368 in the amount of TWO THOUSAND

EIGHT HUNDRED NINETY FOUR AND 90/100 Dollars (\$ 2,894.90)

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

27TH day of NOVEMBER 20 07

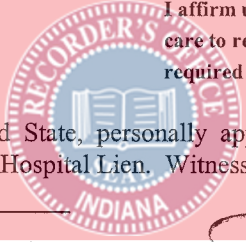
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 27TH Day of NOVEMBER 20 07
My Commission Expires: 02/14/09
Residing in Lake County, Indiana

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.



Lisa Ward
Lisa Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Catherine Hospital.

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