

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 099046

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 AMERICAN FAMILY INS., 20 N. MARTINGALE, STE. 400,

SCHAUMBURG, IL 60173 CL #00561275832 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 19TH day of SEPTEMBER 20 07

and recorded on the 3RD day of OCTOBER 20 07 (as instrument No.

01572763) (in Hospital Lien Book, Page 2007079112) 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 LISA GILLEN

Regarding Patient Account Number 01572763 in the amount of THREE THOUSAND

SEVEN HUNDRED FIFTY AND 60/100 Dollars (\$ 3,750.60)

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)

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 27TH Day of NOVEMBER 20 07

My Commission Expires: 02/14/09

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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