

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 099047

2007 DEC 19 AM 9:12

MICHAEL A. BROWN
RECORDER

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 STATE FARM INSURANCE, P.O. BOX 2362,
BLOOMINGTON, IL 61702 CL #14-2113-690 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 2ND day of JULY 20 07

and recorded on the 25TH day of JULY 20 07 (as instrument No.

10117087) (in Hospital Lien Book, Page 2007060631) 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 NICHOLAS TOKARZ

Regarding Patient Account Number 10117087 in the amount of TWO THOUSAND

EIGHT HUNDRED THIRTY ONE AND 90/100 Dollars (\$ 2,831.90)

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)

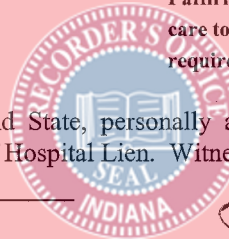
Christa Hacker
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

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: 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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