

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 100365

2007 DEC 26 PM 2:54

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 HOSPITAL

against

AAA, 975 MERIDIAN LAKE DRIVE,

AURORA, IL 60504 CL #1643237

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 1<sup>ST</sup> day of MAY 20 07

and recorded on the 9<sup>TH</sup> day of MAY 20 07 (as instrument No.

01540287 ) (in Hospital Lien Book, Page 2007038110 ) 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 MAMIE MAGEE

Regarding Patient Account Number 01540287 in the amount of TWO THOUSAND

TWO HUNDRED SEVENTEEN AND 50/100 Dollars (\$ 2,217.50 )

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

29<sup>TH</sup> 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 29<sup>TH</sup> 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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