

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 100366

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 INDIANA FARM INSURANCE CO., P.O. BOX 1250,

INDIANAPOLIS, IN 46206 CL #1173173 in connection with the Notice of

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

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

01543587) (in Hospital Lien Book, Page 2007038111) 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 AMY PETERS

Regarding Patient Account Number 01543587 in the amount of SEVEN THOUSAND

FIVE HUNDRED TWENTY EIGHT AND 50/100 Dollars (\$ 7,528.50)

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

29TH 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 29TH 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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