

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 016948

2008 MAR 10 AM 9:02

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, 2550 NORTHWESTERN AVE.,

WEST LAFAYETTE, IN 47906 CL #14-2083-406 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21ST day of FEBRUARY 20 07

and recorded on the 1ST day of MARCH 20 07 (as instrument No.

01526616) (in Hospital Lien Book, Page 2007017988) 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 FELIX MALDONADO

Regarding Patient Account Number 01526616 in the amount of FOUR THOUSAND

TWO HUNDRED SIXTY ONE AND 20/100 Dollars (\$ 4,261.20)

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

20TH day of FEBRUARY 20 08

(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 20TH Day of FEBRUARY 20 08
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.

12.
#032211
SS

