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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

FOUNDERS INSURANCE CO., P.O. BOX 5100,

DES PLAINES, IL 60017 CL #04060059338ME in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 9TH day of MAY 20 06

and recorded on the 17TH day of MAY 20 06 (as instrument No.

01451249) (in Hospital Lien Book, Page 2006041982) 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 ARACELI GARCIA

Regarding Patient Account Number 01451249 in the amount of FOUR THOUSAND

NINE HUNDRED SIXTEEN AND 00/100 Dollars (\$ 4,916.00)

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

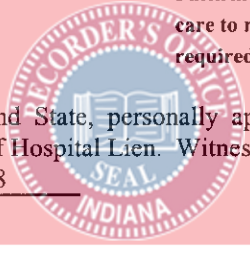
28TH day of FEBRUARY 20 08

(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 28TH Day of FEBRUARY 20 08
My Commission Expires: 02/14/09
Residing in Lake County, Indiana



Thsa Ward
Thsa Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Catherine Hospital.

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