

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 017889

2008 MAR 11 PM 3:10

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 2345,

BLOOMINGTON, IL 61702 CL #14-1986-928 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7<sup>TH</sup> day of SEPTEMBER 20 06

and recorded on the 17<sup>TH</sup> day of OCTOBER 20 06 (as instrument No.

09625290 ) (in Hospital Lien Book, Page 2006090511 ) 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 ROY HULSE

Regarding Patient Account Number 09625290 in the amount of NINE THOUSAND

SIX HUNDRED EIGHTY TWO AND 15/100 Dollars (\$ 9,682.15 )

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

28<sup>TH</sup> day of FEBRUARY 20 08

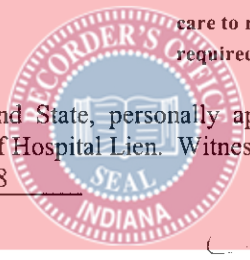
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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 28<sup>TH</sup> Day of FEBRUARY 20 08  
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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