

NOTARY PUBLIC  
LAKE COUNTY  
INDIANA

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LAKE COUNTY  
INDIANA

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 Farmers Ins PO Box 268993 Oklahoma City, OK 73126

Claim # 1005520315 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 8<sup>th</sup> day of October 20 04

and recorded on the 16<sup>th</sup> day of November 20 04 (as instrument No.

09468201 ) (in Hospital Lien Book, Page 2004097180 ) 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 Julian Quarnstrom

Regarding Patient Account Number 09468201 in the amount of Two Thousand

Six Hundred Seventeen and 79/100 Dollars (\$ 2,617.79 )

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

24<sup>TH</sup> day of March 20 08

*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.

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

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 24<sup>TH</sup> Day of March 20 08

My Commission Expires: 2/14/09  
Residing in Lake County, Indiana

*Lisa J. Ward*  
Lisa Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.

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# 032341  
SS