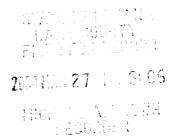
2008 021983



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 Hospita	al Lien which	n was exec	uted the	8 th	da	y of	October	_ 20 .	04	
and recorded on the	16 th	day of	November	20 _	04	_ (as :	instrument No.			
09468201) (in Ho	spital Lien	Book, Page	200409	97180) in the offic	e of the		
Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,										
treatment and maintenance of <u>Julian Quarnstrom</u> .										
Regarding Paties	nt Account N	lumber	0946820	<u>1</u> i	in the amo	ount of	Two Thous	and		
Six Hundred Seventeen a	nd 79/100				Do	llars (§	2,617.79		_)	
the Recorder is hereby authorized to release said lien solely as to the above described party this										
24 TH day of Ma	arch	20	_08							
					6	Ku	ista Hm	ku		
(STATE OF INDIANA)	1						ER-PATIENT FIN			
() SS:					I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless					
(COUNTY OF LAKE)			requi	ired by law	7 .				
Before me, a Notary Public in and for said County and State, personally appeared <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this <u>24TH</u> Day of <u>March</u> 20 <u>08</u> My Commission Expires: <u>2/14/09</u>										
Residing in Lake County	, Indiana					$\nearrow r_L$	isa Ward, Notary F	Public		
This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.										
							#	03)341	
								3	$\mathcal{Z}_{\mathcal{C}}$	