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LAKE COUNTY
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

AllState PO Box 9231 Farmington Hills, MI 48333-9231

Claim # 1567863475

in connection with the Notice of

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

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

09468904) (in Hospital Lien Book, Page 2004097179) 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 Sharon Martakis

Regarding Patient Account Number 09468904 in the amount of One Thousand

Twenty-Five and 28/100 Dollars (\$ 1,025.28)

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

24TH day of March 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 24TH Day of March 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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