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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

AllState Insurance PO Box 650536 Dallas, TX 75265

Claim # 1569298967

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 16<sup>th</sup> day of November 20 04

and recorded on the 13<sup>th</sup> day of December 20 04 (as instrument No.

09471924 ) (in Hospital Lien Book, Page 2004105347 ) 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 Susan D Smith

Regarding Patient Account Number 09471924 in the amount of One Thousand

Nine Hundred Ten and 41/100 Dollars (\$ 1,910.41 )

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

(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 24<sup>TH</sup> 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.

12-  
#03234/  
SS