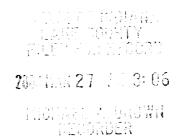
2008 021987



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	MetLife PO Box 68975 Indianapolis, IN 46268			
Claim # NDA49442 TA		in	connection with the	Notice of
Intention to Hold Hospital Lien which was executed th	2 nd	day of	November	20 04
and recorded on the 13 th day of Deco	mber 20	_04 (as	instrument No.	
09474093) (in Hospital Lien Book,	Page	105358) in the office	e of the
Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,				
treatment and maintenance of Beverly J Zbor	wski RFI	CIALL		
Regarding Patient Account Number Docum 09475043 he in the amount of of One Thousand				
Three Hundred Thirty-Six and 75/100	e County R	ecorder! Dollars (\$ 1,336.75)
the Recorder is hereby authorized to release said lien solely as to the above described party this 24 TH day of March 20 08				
		Chr	to Thick	· (
(STATE OF INDIANA)				VANCIAL SUPPORT I have taken reasonable
() SS:			cial Security number in	
(COUNTY OF LAKE)		uired by law.		,
Before me, a Notary Public in and for said County a acknowledged the execution of the foregoing Release of this 24 TH Day of March 20 0 My Commission Expires: 2/14/09 Residing in Lake County, Indiana	nd State, personall f Hospital Lien. Wi	tness my hand a	CHRISTA HACKER and Notarial Seal Lisa Ward, Notary F	l.brd.
This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.				
			+	632341 SS