

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 021989

2008 MAR 27 PM 3:06

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

American Family

Madison, WI 53783 Claim: 073594021067FPP in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15TH day of October 20 04

and recorded on the 13TH day of December 20 04 (as instrument No.

09472370) (in Hospital Lien Book, Page 2004105352) 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 David Sandifer

Regarding Patient Account Number 09472370 in the amount of One Thousand

Four Hundred Forty-Seven and 40/100 Dollars (\$ 1,447.40)

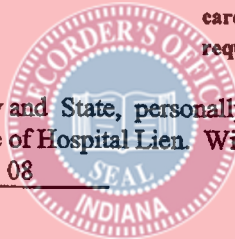
the Recorder is hereby authorized to release said lien solely as to the above described party this

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.

12-
#032341
SS