

STATE OF INDIANA
LAKE COUNTY
FILED & RECORDED

2008 MAR 27 PM 3:06

MICHAEL L. BROWN
RECORDER

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2008 021992

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

State Farm

2550 Northwestern Ave West Lafayette, IN 47906-1394 Claim# 7026-384-14B in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 2nd day of December 20 04

and recorded on the 24TH day of January 20 05 (as instrument No.

09484178) (in Hospital Lien Book, Page 2005004911) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

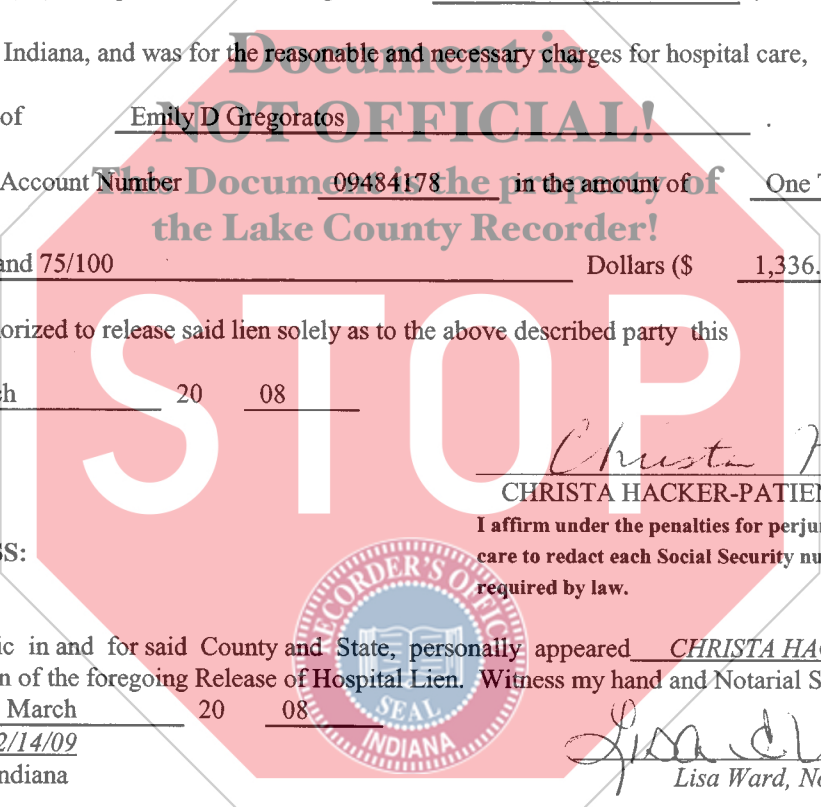
treatment and maintenance of Emily D Gregoratos

Regarding Patient Account Number 09484178 in the amount of One Thousand

Three Hundred Thirty-Six and 75/100 Dollars (\$ 1,336.75)

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

24TH day of March 20 08



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.

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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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#03234
SD