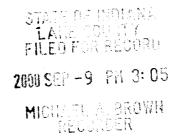
2008 063356



St. Catherine Hospital 4321 Fir Street East Chicago, IN 46312

## RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. CATHERINE HOSITAL

| against   | STATE FARM INSURANCE, P.O. BOX 8016 |                  |   |                       |
|---|-------------------------------------|------------------|---|-----------------------|
| BALLSTON SPA, NY 12020  | CL #073099467                       |                  | in connection with the                                  | Notice of             |
| Intention to Hold Hospital Lien wh  | nich was executed the               | day of           | AUGUST  | 2008                  |
| and recorded on the 18 <sup>TH</sup>  | day ofAUGUST                        | 2008 (           | as instrument No.                                       |                       |
| 01646442 ) (in  | Hospital Lien Book, Page            | 2008058555       | ) 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  | ESTEBAN GARZA                       | FICIAL           |   |                       |
| Regarding Patient Account Number Docume 1646442 the in the amount of of twenty FIVE the Lake County Recorder!                                     |                                     |                  |   |                       |
| THOUSAND EIGHT HUNDRED  |                                     | •                |   | )                     |
| the Recorder is hereby authorized to release said lien solely as to the above described party this  |                                     |                  |   |                       |
| 27 <sup>TH</sup> day of AUGUST  | 20 08                               | CA               | rusta Hac   | hu                    |
| (COM A COM ONE INVOLANIA)   |                                     |                  | CKER-PATIENT FIN  |                       |
| (STATE OF INDIANA)<br>( ) SS:   | TUTTUTE                             |                  | enalties for perjury, that is Social Security number in |                       |
| (COUNTY OF LAKE)  | ZEO POLA                            | required by law. | Social Security number in                               | this document, unless |
|   |                                     |                  |   |                       |
| Before me, a Notary Public in and for said County and State, personally appeared <u>CHRISTA HACKER</u> who  |                                     |                  |   |                       |
| acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 27 <sup>TH</sup> Day of AUGUST 20 08 |                                     |                  |   |                       |
| My Commission Expires: $02/14/09$   |                                     |                  |   |                       |
| Residing in Lake County, Indiana  |                                     | 1                | isa Ward, Notary <mark>Publ</mark>                      | ic                    |
|   | \                                   |                  |   |                       |

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Catherine Hospital.

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