

LAKE COUNTY  
RECORDERS OFFICE

2008 065649

2008 SEP 18 AM 11:57

MICHAEL 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 PROGRESSIVE SOUTHEASTERN INS., P.O. BOX 2862,  
CLINTON, IA 52733 CL #082714032 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 17<sup>TH</sup> day of JUNE 20 08  
and recorded on the 3<sup>RD</sup> day of JULY 20 08 (as instrument No.  
10261219 ) (in Hospital Lien Book, Page 2008048090 ) 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 SYLVESTER WILLIAMS

Regarding Patient Account Number 10261219 in the amount of TWO THOUSAND  
ONE HUNDRED FORTY THREE AND 00/100 Dollars (\$ 2,143.00 )

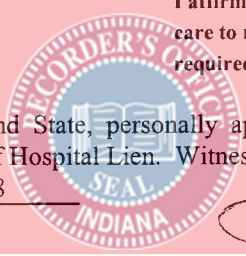
the Recorder is hereby authorized to release said lien solely as to the above described party this  
4<sup>TH</sup> day of SEPTEMBER 20 08

(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 4<sup>TH</sup> Day of SEPTEMBER 20 08  
My Commission Expires: 02/14/2009  
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-  
#031034  
SS