

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 067385

2008 SEP 29 AM 8:44

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 ALLSTATE INSURANCE CO., P.O. BOX 218,

CAMBY, IN 46113 CL #5560703661 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30<sup>TH</sup> day of JUNE 20 08

and recorded on the 15<sup>TH</sup> day of JULY 20 08 (as instrument No.

10266722 ) (in Hospital Lien Book, Page 2008050865 ) 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 ROBERT CHILDERS

Regarding Patient Account Number 10266722 in the amount of THREE THOUSAND

AND 38/100 Dollars (\$ 3,000.38 )

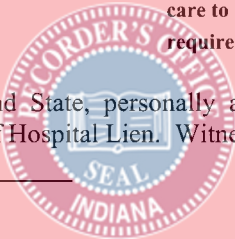
the Recorder is hereby authorized to release said lien solely as to the above described party this

18<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 18<sup>TH</sup> Day of SEPTEMBER 20 08  
My Commission Expires: 02/14/2009  
Residing in Lake County, Indiana



*Bisa Ward*  
Bisa Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.

12-  
#034099  
SS