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2008 NOV -5 10:14:00

THE LAKE COUNTY
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 INSURANCE, P.O. BOX 2862,

CLINTON, IA 52733 CL #085227032 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 10TH day of SEPTEMBER 20 08

and recorded on the 29TH day of SEPTEMBER 20 08 (as instrument No.

10281149) (in Hospital Lien Book, Page 2008067378) 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 JILLIAN FRANSIOLI

Regarding Patient Account Number 10281149 in the amount of TWO THOUSAND

ONE HUNDRED SIXTEEN AND 00/100 Dollars (\$ 2,116.00)

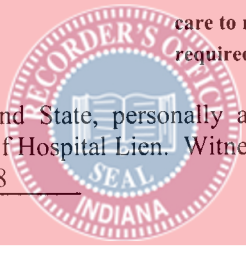
the Recorder is hereby authorized to release said lien solely as to the above described party this

24TH day of OCTOBER 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 OCTOBER 20 08
My Commission Expires: 02/14/2009
Residing in Lake County, Indiana



Lisa C. Ward
Lisa Ward, Notary Public

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

17-
4034604
SS