

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER

2008 076608

2008 NOV 10 AM 9:55

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 AMERICAN SERVICE INS., 150 NORTHWEST POINT BLVD.,

ELK GROVE VILLAGE, IL 60007 CL #33CALG07009768 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 10<sup>TH</sup> day of SEPTEMBER 20 07

and recorded on the 24<sup>TH</sup> day of SEPTEMBER 20 07 (as instrument No.

10075658 ) (in Hospital Lien Book, Page 2007076266 ) 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 JACINTA MCMASTER

Regarding Patient Account Number 10075658 in the amount of FIVE THOUSAND

SIX HUNDRED FORTY NINE AND 55/100 Dollars (\$ 5,649.55 )

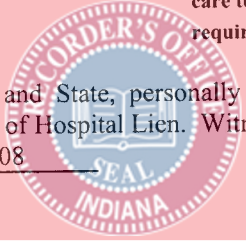
the Recorder is hereby authorized to release said lien solely as to the above described party this

29<sup>TH</sup> 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 29<sup>TH</sup> Day of OCTOBER 20 08  
My Commission Expires: 02/14/2009  
Residing in Lake County, Indiana



Lisa E. Ward  
Lisa Ward, Notary Public

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

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#054605  
S)