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MICHAEL A. BROWN  
RECORDER

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 CONSTITUTIONAL STATES, P.O. BOX 2930,

OVERLAND PARK, KS 66201 CL #FZP3823 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 3<sup>RD</sup> day of MARCH 20 09

and recorded on the 24<sup>TH</sup> day of MARCH 20 09 (as instrument No.

01690785 & 01698098 ) (in Hospital Lien Book, Page 2009018255 ) 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 DELORIS WATERFIELD

Regarding Patient Account Number 01690785 & 01698098 in the amount of SEVEN THOUSAND

TWO HUNDRED THIRTY FIVE AND 00/100 Dollars (\$ 7,235.00 )

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

31<sup>ST</sup> day of MARCH 20 09

(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 31<sup>ST</sup> Day of MARCH 20 09  
My Commission Expires: 08/15/2014  
Residing in Lake County, Indiana



*Gayle Brumley*  
Gayle Brumley, Notary Public

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

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