

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 024813

2009 APR 17 PM 1:58

MICHAEL A. BISHOP
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 WESTFIELD INSURANCE, 7221 ENGLE ROAD, SUITE 220,
FORT WAYNE, IN 46804 CL #4621975-021009 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 3RD day of MARCH 20 09
and recorded on the 24TH day of MARCH 20 09 (as instrument No.
10361166) (in Hospital Lien Book, Page 2009018257) 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 LORRAINE NAY

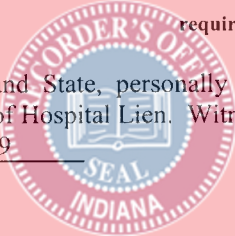
Regarding Patient Account Number 10361166 in the amount of FOUR THOUSAND
THREE HUNDRED FORTY SIX AND 63/100 Dollars (\$ 4,346.63)

the Recorder is hereby authorized to release said lien solely as to the above described party this
31ST 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 31ST 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. Mary Medical Center.

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