

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 024843

2009 APR 17 PM 2:00

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 STATE FARM INSURANCE, P.O. BOX 2345,

BLOOMINGTON, IL 61702 CL #14-2085-011 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 29TH day of NOVEMBER 20 07

and recorded on the 26TH day of DECEMBER 20 07 (as instrument No.

01591501) (in Hospital Lien Book, Page 2007100381) 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 JUAN ORTIZ

Regarding Patient Account Number 01591501 in the amount of THREE THOUSAND

SIX HUNDRED EIGHTEEN AND 00/100 Dollars (\$ 3,618.00)

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

7TH day of APRIL 20 09

Christa Hacker

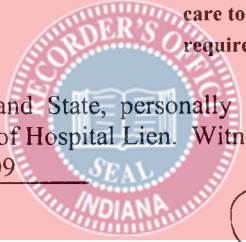
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

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.

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 7TH Day of APRIL 20 09

My Commission Expires: 02/14/17
Residing in Lake County, Indiana



Lisa Ward
Lisa Ward, Notary Public

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

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