2009 024844

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2008 AFR 17 PH 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

Intention to Hold Hospital Lien which was executed the 12 ^{TI} day of NOVEMBER 20 08 and recorded on the 2 ND day of DECEMBER 20 08 (as instrument No. 01671099) (in Hospital Lien Book, Page 2008081278) 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 ALICE PARKER FILE ALICE PARKER FI	against	STATE FARM INSURANCE, P.O. BOX 2362,	
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This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Catherine Hospital.

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