

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 024845

2009 APR 17 PM 2:00

MICHAEL A. BRUCE  
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 AUTO INSURANCE, P.O. BOX 1980,

INDIANAPOLIS, IN 46209 CL #AIN0035241 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 27<sup>TH</sup> day of NOVEMBER 20 07

and recorded on the 19<sup>TH</sup> day of DECEMBER 20 07 (as instrument No.

01585275 ) (in Hospital Lien Book, Page 2007099072 ) 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 JACQUELINE BULTEMA.

Regarding Patient Account Number 01585275 in the amount of SEVEN THOUSAND

SEVEN HUNDRED EIGHT AND 90/100 Dollars (\$ 7,708.90 )

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

7<sup>TH</sup> 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.

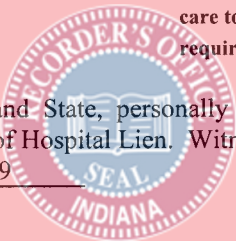
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

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 7<sup>TH</sup> 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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