

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 024846

2009 APR 17 PM 2:00

MICHAEL A. BROWN
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 TRAVELERS INSURANCE, P.O. BOX 94918,

CLEVELAND, OH 44101 CL #UNC8145 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14TH day of FEBRUARY 20 08

and recorded on the 10TH day of MARCH 20 08 (as instrument No.

10183364 & 10186933) (in Hospital Lien Book, Page 2008017178) 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 ELEANOR HUFF

Regarding Patient Account Number 10183364 & 10186933 in the amount of SIX THOUSAND

SEVENTY TWO AND 69/100 Dollars (\$ 6,072.69)

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

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

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 7TH Day of APRIL 20 09
My Commission Expires: 02/14/2017
Residing in Lake County, Indiana

Lisa Ward
Lisa Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.

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