

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 026013

2009 APR 23 AM 9:27

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

STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-2194-702 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.

10213197) (in Hospital Lien Book, Page 2008017174) 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 BLAKE JOHNSON

Regarding Patient Account Number 10213197 in the amount of EIGHT THOUSAND

FOUR HUNDRED THIRTY THREE AND 02/100 Dollars (\$ 8,433.02)

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

15TH day of APRIL 20 09

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

Christa Hacker

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

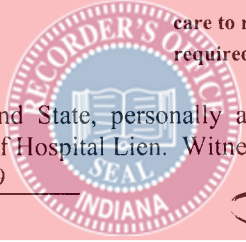
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 15TH 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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#036279
SS