

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 026018

2009 APR 23 AM 9:28

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 LIBERTY MUTUAL INSURANCE, P.O. BOX 593330,

ORLANDO, FL 32859 CL #P589154325 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 20<sup>TH</sup> day of JANUARY 20 09

and recorded on the 30<sup>TH</sup> day of JANUARY 20 09 (as instrument No.

10341432 ) (in Hospital Lien Book, Page 2009005411 ) 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 EDWARD ROBINSON

Regarding Patient Account Number 10341432 in the amount of TWENTY ONE

THOUSAND ONE HUNDRED NINETY EIGHT AND 15/100 Dollars (\$ 21,198.15 )

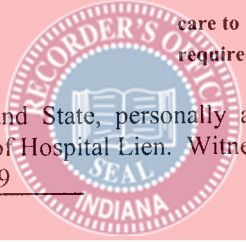
the Recorder is hereby authorized to release said lien solely as to the above described party this

15<sup>TH</sup> day of APRIL 20 09

(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 15<sup>TH</sup> Day of APRIL 20 09  
My Commission Expires: 02/14/2017  
Residing in Lake County, Indiana

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.



Lisa Ward  
Lisa Ward, Notary Public

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

12-  
#036079  
SS