

2009 031394

2009 MAY 12 AM 9: 49

MICHAEL A. BROWNSt. 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	PROGRESSIVE INS., 5521 W. LINCOLN HWY., SUITE 220,
CROWN POINT, IN 46307 CL #083646242	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	4 TH day of FEBRUARY 20 09
and recorded on the11 TH day ofFEBRU	JARY 20 09 (as instrument No.
10341158) (in Hospital Lien Book, P	age
Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,	
treatment and maintenance of JUANC, LABO	OFFICIAL!
Regarding Patient Account Number Docum10341158 the in the amount of Of TWO THOUSAND	
ONE HUNDRED NINETY ONE AND 00/100	e County Recorder! Dollars (\$ 2,191.00)
the Recorder is hereby authorized to release said lien solely as to the above described party this 28 TH day of APRIL 20 09	
	Christa Hacker
(STATE OF INDIANA)	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT
() SS:	I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless
(COUNTY OF LAKE)	required by law.
Before me, a Notary Public in and for said County and State, personally appeared <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this <u>28TH</u> Day of <u>APRIL</u> 20 09 My Commission Expires: <u>02/14/2017</u> Residing in Lake County, Indiana Lisa Ward, Notary Public	

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

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