

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 031395

2009 MAY 12 AM 9:49

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 2345,

BLOOMINGTON, IL 61702 CL #14K300479 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 1ST day of MAY 20 08

and recorded on the 13TH day of MAY 20 08 (as instrument No.

10231929) (in Hospital Lien Book, Page 2008035384) 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 PETER LEON JR.

Regarding Patient Account Number 10231929 in the amount of SIXTEEN THOUSAND

NINE HUNDRED NINETY FOUR AND 16/100 Dollars (\$ 16,994.16)

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

28TH 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 28TH Day of APRIL 20 09
My Commission Expires: 02/14/2017
Residing in Lake County, Indiana

Lisa E. L. Ward
Lisa Ward, Notary Public

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

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