

2009 033478

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 MAY 19 PM 12:28

MICHAEL A. BROWN
RECORDER

St. Catherine Hospital
4321 Fir Street
East Chicago, IN 46312

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. CATHERINE HOSITAL

against CONSTITUTION STATE SERVICE, P.O. BOX 50473,

INDIANAPOLIS, IN 46250 CL #CDN3449 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.

30025900 & 01604647) (in Hospital Lien Book, Page 2008017173) 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 FAYE FARMER

Regarding Patient Account Number 30025900 & 01604647 in the amount of SIX THOUSAND

ONE HUNDRED FOURTEEN AND 10/100 Dollars (\$ 6,114.10)

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

12TH day of MAY 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 12TH Day of MAY 20 09
My Commission Expires: 02/14/17
Residing in Lake County, Indiana



Lisa Ward
Lisa Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Catherine Hospital.

12-
#030605
SS