STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 045911

2009 JUL - 7 PH 2: 42

MICHAEL A. BROWN RECORDS 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	SAFECO INSURANCE, P.O. BOX 515097,
LOS ANGELES, CA 90051 CL #100743883017	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	15^{TH} day of APRIL 20 09
and recorded on the 23 RD day of APRIL	20 09 (as instrument No.
10342198) (in Hospital Lien Book, P	age 2009026020) 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 MARY TRAIL	OFFICIAL!
Regarding Patient Account Number Docum 10342198 the in the amount of of SEVEN THOUSAND the Lake County Recorder!	
NINETY ONE AND 93/100	Dollars (\$ 7,091.93)
the Recorder is hereby authorized to release said lien solely as to the above described party this	
23 RD day of JUNE 20 09	Christa Hochun
(STATE OF INDIANA)	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT I affirm under the penalties for perjury, that I have taken reasonable
(COUNTY OF LAKE)	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 <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this <u>23RD</u> Day of <u>JUNE</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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