

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 049483

2009 JUL 17 AM 8:40

MICHAEL A. BROWN
RECORDER

RETURN TO: ST. ANTHONY MEDICAL CENTER
2434 Interstate Plaza Drive Suite 2
Hammond, IN 46324 Attn J. Torres

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by ST. ANTHONY MEDICAL CENTER, 1201 S. Main St., Crown Point, IN 46307, against Deborah Snemis, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 27th day of January and recorded on the 5th day of February (as instrument number 2009 006274), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Deborah Snemis in the amount of Twenty Thousand, Six Hundred Fourteen (\$20,614.00) Dollars, is released this 9th day of July, 2009.

0608144612	10/22-10/30/08	\$20,139.00
0608163971	11/5-11/19/08	\$132.00
0609000504	12/3-12/31/08	\$198.00
0609004609	1/7/09	\$145.00

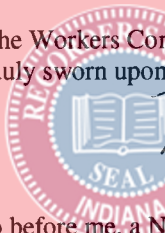
In the event full payment of the hospital charges has not been received, St. Anthony Medical Center specifically reserves all rights it may have to collect the balance due.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

ST. ANTHONY MEDICAL CENTER

BY: Megan Kijewski
Megan Kijewski

Megan Kijewski being the Workers Compensation/ Legal Specialist for St. Anthony Medical Center, being duly sworn upon her oath, says the facts stated in the foregoing are true and correct.



Megan Kijewski
Megan Kijewski

Subscribed and sworn to before me, a Notary Public, this 9th day of July, 2009.



Jessica Torres
Jessica Torres Notary Public

My Commission Expires:
March 24, 2011

Resident of Lake County

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.

This instrument Prepared By: Megan Kijewski
Megan Kijewski
St. Anthony Medical Center
1201 S. Main St., Crown Point, IN 46307

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