

2009 056923

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 AUG 19 AM 8:38

St. Mary Medical Center
1500 S. Lake Park Ave.
Hobart, IN 46342

RELEASE OF HOSPITAL LIEN
MICHAEL A. BROWN
RECORDER

This is to certify that a certain claim by ST. MARY MEDICAL CENTER

against

CHAMPUS TRI CARE REGION

P.O. BOX 7021

CAMDEN, SC 29020-7021

CL #305720638

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 11TH day of FEBRUARY 20 03

and recorded on the 20TH day of FEBRUARY 20 03 (as instrument No.

9304289) (in Hospital Lien Book, Page 2003-018128) 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

BARBARA A. GRANT

Regarding Patient Account Number 9304289 in the amount of TWENTY THREE

THOUSAND SIX HUNDRED TWENTY NINE AND 9/100

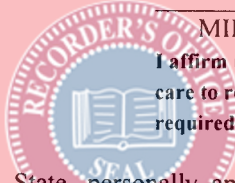
Dollars (\$ 23,629.09)

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

3RD day of AUGUST 20 09

Miranda Hill

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)



MIRANDA HILL-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 MIRANDA HILL who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal

this 3RD Day of AUGUST 20 09

My Commission Expires: 02/14/2017

Residing in Lake County, Indiana

Lisa E. Ward, Notary Public

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

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