

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 056932

2009 AUG 19 AM 8:38

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

RELEASE OF HOSPITAL LIEN
RECORDER

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

against BLUE CROSS IL P.O. BOX 1364

CHICAGO, IL 60690 CL #334728026 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 25TH day of SEPTEMBER 20 02

and recorded on the 10TH day of OCTOBER 20 02 (as instrument No.

9271233) (in Hospital Lien Book, Page 2002-091477) 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 CHRISTIAN DAIGRE

Regarding Patient Account Number 9271233 in the amount of ONE THOUSAND
THREE HUNDRED SIXTY SIX AND 00/100 Dollars (\$ 1,366.00)

the Recorder is hereby authorized to release said lien solely as to the above described party this
4TH day of AUGUST 20 09

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

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 4TH Day of AUGUST 20 09
My Commission Expires: 02/14/2017
Residing in Lake County, Indiana

Miranda Hill
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.

Lisa E. Ward
Lisa E. Ward, Notary Public

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

12-
#037454
SS

