STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 056945

2089 AUG 19 AM 8: 39

St. 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 | | TRAVEL | TRAVELERS INS. | | | 1133-59 W. 35 TH ST. | | | |
|--|--|---|-----------------------------|------------------------------|---|--|----------------------|--|--|
| CHICAGO, IL 60609 CL #598 7966-D17- | | | | in (| connection wi | nnection with the Notice of | | | |
| Intention to Hold Hospital | Lien which was execut | ed the | 28 TH | day of | JUNE | 20 | 02 | | |
| and recorded on the | 8 TH day of | JULY | 20 02 | (as | instrument No |) . | | | |
| 9247583 |) (in Hospital Lien F | Book, Page | 2002-06038 | 30 |) in the | office of the | | | |
| Recorder of <i>LAKE</i> County | , Indiana, and was for t | the reasonable and n | ecessary cha | rges for he | ospital care, | | | | |
| treatment and maintenance of TOSEPHLYNCHment is the property of | | | | | | | | | |
| Regarding Patient EIGHT HUNDRED SIXT | | 2 Lake Coun 9247583 | in the | order! amount of | | THOUSAND |) | | |
| the Recorder is hereby authorized to release said lien solely as to the above described party this | | | | | | | | | |
| 4 TH day of <u>AU</u> | GUST 20 | 09 | | mi | vanda | Kill | T. C. O. C. C. L. C. | | |
| (STATE OF INDIANA) () (COUNTY OF LAKE) | SS: | South Park | I affirm u | nder the pen lact each So | alties for perjur | FINANCIAL y, that I have tal mber in this docu | ken reasonable | | |
| My Commission Expires: | on of the foregoing Rel AUGUST 20 02/14/2017 | ounty and State, per lease of Hospital Lie | rsonally app en. Witness | my hand a | RANDA HILL nd Notarial So A E. Ward, No | Jard | | | |
| Residing in Lake County, | | CVED Dationt Dans | eccantative | | | h | , 1 | | |

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

x031454