

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 056946

2009 AUG 19 AM 8:39

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

MICHAEL A. BROWN
RECORDER
RELEASE OF HOSPITAL LIEN

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

against

PROGRESSIVE INS.

P.O. BOX 94504

CLEVELAND, OH 44101-4504

CL #028446781

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

16TH

day of

JULY

20 02

and recorded on the

29TH

day of

JULY

20 02

(as instrument No.

9251467

) (in Hospital Lien Book, Page

2002-067389

) 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

ROBERT MALIZZO

Regarding Patient Account Number

9251467

in the amount of

ONE THOUSAND

TWO HUNDRED SEVENTY AND 34/100

Dollars (\$ 1,270.34)

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.

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#DBH54
SS