

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 056952

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 STATE FARM INS. 16 W. 84TH DRIVE P.O. BOX 13000

MERRILLVILLE, IN 46411-3000 CL #352007327 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 4TH day of APRIL 20 02

and recorded on the 24TH day of APRIL 20 02 (as instrument No.

9218772) (in Hospital Lien Book, Page 2002-038620) 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

CYNTHIA A. CARL

Regarding Patient Account Number 9218772 in the amount of THREE THOUSAND
THRITY NINE AND 92/100

Dollars (\$ 3,039.92)

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

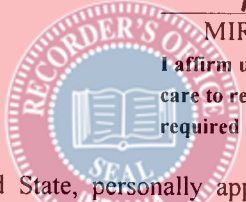
4TH day of AUGUST 20 09

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.

(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

Lisa E. Ward
Lisa E. Ward, Notary Public

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

12-
#037454
SS