

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 056967

2009 AUG 19 AM 8:40

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 HUMANA PPO P.O. BOX 2180

LOUISVILLE, KY 40201-7429 CL #309528524 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 11<sup>TH</sup> day of FEBRUARY 20 02

and recorded on the 5<sup>TH</sup> day of MARCH 20 02 (as instrument No.

9186105 ) (in Hospital Lien Book, Page 2002-022407 ) 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

ROSALIE MELVIN

Regarding Patient Account Number 9186105 in the amount of TWENTY THOUSAND  
EIGHT HUNDRED FIFTY FIVE AND 8/100 Dollars (\$ 20,855.08 )

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

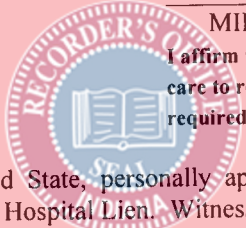
4<sup>TH</sup> day of AUGUST 20 09

*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 4<sup>TH</sup> 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.

17-  
#037454  
SS