

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 056992

2009 AUG 19 AM 8:41

MICHAEL A. BROWN
RECORDER

St. Catherine Hospital
4321 Fir Street
East Chicago, IN 46312

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. CATHERINE HOSITAL

against VICTOR RODRIGUEZ 4903 IVY STREET

EAST CHICAGO, IN 46312 CL #000244070 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 19TH day of JANUARY 20 04

and recorded on the 5TH day of FEBRUARY 20 04 (as instrument No.

1238460) (in Hospital Lien Book, Page 2004-010167) 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 VICTOR RODRIGUEZ

Regarding Patient Account Number 1238460 in the amount of TWO THOUSAND

ONE HUNDRED SEVENTY NINE AND 82/100 Dollars (\$ 2,179.82)

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

5TH day of AUGUST 20 09

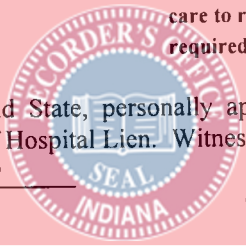
Miranda Hill

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 5TH Day of AUGUST 20 09
My Commission Expires: 02/14/17
Residing in Lake County, Indiana



Lisa E. Ward

Lisa E. Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Catherine Hospital.

12-
#037454
SS