

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 057002

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 HOSPITAL*

against STATE FARM INS. 16 W. 84<sup>TH</sup> DRIVE P.O. BOX 13000

MERRILLVILLE, IN 46411 CL#14-1657-506 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14<sup>TH</sup> day of JULY 20 03

and recorded on the 23<sup>RD</sup> day of JULY 20 03 (as instrument No.

1191825 ) (in Hospital Lien Book, Page 2003-076102 ) 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 MONICA ELIAS

Regarding Patient Account Number 1191825 in the amount of TWO THOUSAND

ONE HUNDRED THIRTY EIGHT AND 80/100 Dollars (\$ 2,138.80 )

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

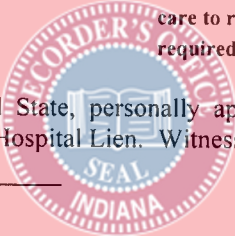
5<sup>TH</sup> day of AUGUST 20 09

*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 )



*Lisa E. Ward*  
Lisa E. Ward, Notary Public

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

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

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# 037454  
SS