

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 057027

2009 AUG 19 AM 8:42

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.

P.O. BOX 7617

LAFAYETTE, IN 47903

CL#141402191

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

5TH

day of

NOVEMBER

20 01

and recorded on the

28TH

day of

NOVEMBER

20 01

(as instrument No.

1045653

)

(in Hospital Lien Book, Page

2001-096670

)

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

JAMES SEGNERI

Regarding Patient Account Number

1045653

in the amount of

ONE THOUSAND

TWO HUNDRED THIRTY FIVE AND 91/100

Dollars (\$

1,235.91

)

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

5TH

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 5TH Day of AUGUST

20

09

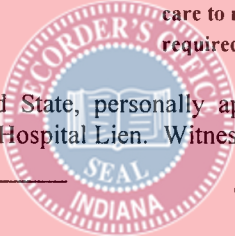
My Commission Expires: 02/14/17

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. Catherine Hospital.

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