

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 057053

2009 AUG 19 AM 8:43

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 MARGARITA ALAMILLO 3824 FIR STREET  
EAST CHICAGO, IN 46312 CL#303467067A in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 1<sup>ST</sup> day of MAY 20 00

and recorded on the 30<sup>TH</sup> day of MAY 20 00 (as instrument No.

0912581 ) (in Hospital Lien Book, Page 2000-037362 ) 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 MARGARITA ALAMILLO

Regarding Patient Account Number 0912581 in the amount of ONE THOUSAND

TWO HUNDRED NINETY ONE AND 75/100 Dollars (\$ 1,291.75 )

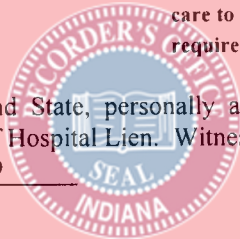
the Recorder is hereby authorized to release said lien solely as to the above described party this

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

(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

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.

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 10<sup>TH</sup> 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