

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 060365

2009 SEP -1 AM 11:18

MICHAEL A. BROWN
RECORDER

St. Mary Medical Center
1500 S. Lake Park Ave.
Hobart, IN 46342

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. MARY MEDICAL CENTER

against OHIO CASUALTY GROUP, P.O. BOX 188061,

FAIRFIELD, OH 45018 CL #903637600 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 23RD day of JUNE 20 09

and recorded on the 7TH day of JULY 20 09 (as instrument No.

10379778) (in Hospital Lien Book, Page 2009045951) 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 JESSICA GALLINATTI .

Regarding Patient Account Number 10379778 in the amount of FOURTEEN THOUSAND

SEVEN HUNDRED FIFTY THREE AND 00/100 Dollars (\$ 14,753.00)

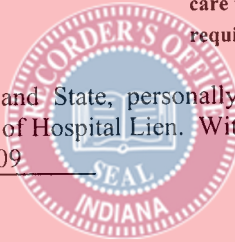
the Recorder is hereby authorized to release said lien solely as to the above described party this

25TH day of AUGUST 20 09

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

Christa Hacker
CHRISTA HACKER-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 CHRISTA HACKER who
acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal
this 25TH 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.

1200
637563
RM