

2009 060369

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 SEP -1 AM 11:19

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 ALLSTATE INSURANCE CO., P.O. BOX 440519,

KENNESAW, GA 30160 CL #0128277407 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 27TH day of JANUARY 20 09

and recorded on the 9TH day of FEBRUARY 20 09 (as instrument No.

01692155) (in Hospital Lien Book, Page 2009007014) 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 ANITA MARTINEZ .

Regarding Patient Account Number 01692155 in the amount of TWO THOUSAND

FOUR HUNDRED NINETY FOUR AND 00/100 Dollars (\$ 2,494.00)

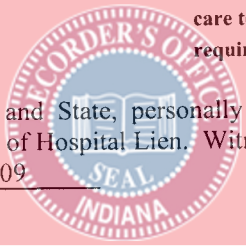
the Recorder is hereby authorized to release said lien solely as to the above described party this

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: 02/14/17
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.

12th
037568
RM