

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 060370

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 SEDGWICK CMS, P.O. BOX 14439,

LEXINGTON, KY 40512 CL #3008-0956-993 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 3RD day of MARCH 20 09

and recorded on the 24TH day of MARCH 20 09 (as instrument No.

30034784) (in Hospital Lien Book, Page 2009018265) 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 HORTENSIA RAMOS

Regarding Patient Account Number 30034784 in the amount of TWO HUNDRED

SEVENTY EIGHT AND 00/100 Dollars (\$ 278.00)

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.

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