

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 060371

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

STATE FARM INSURANCE, P.O. BOX 2345,

BLOOMINGTON, IL 61702 CL #14-2326-127 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21ST day of APRIL 20 09

and recorded on the 28TH day of APRIL 20 09 (as instrument No.

01712418) (in Hospital Lien Book, Page 2009027267) 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 ROBERT CHEVALIER

Regarding Patient Account Number 01712418 in the amount of THREE THOUSAND

ONE HUNDRED FORTY SIX AND 00/100 Dollars (\$ 3,126.00)

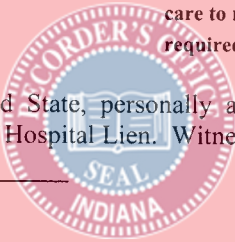
the Recorder is hereby authorized to release said lien solely as to the above described party this

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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