

2009 061879

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 SEP -9 AM 10: 25

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 INDIANA FARM BUREAU INS., 2008 N. MAIN STREET,  
CROWN POINT, IN 46307 CL #1187645 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 4<sup>TH</sup> day of FEBRUARY 20 09  
and recorded on the 11<sup>TH</sup> day of FEBRUARY 20 09 (as instrument No.  
10347166 ) (in Hospital Lien Book, Page 2009007421 ) in the office of the

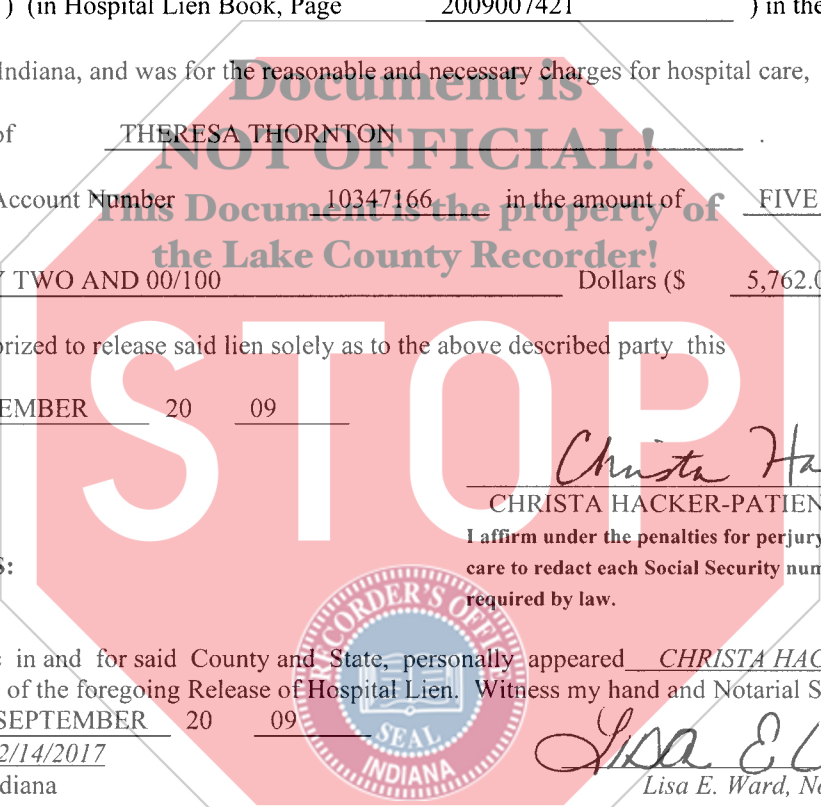
Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,  
treatment and maintenance of THERESA THORNTON

Regarding Patient Account Number 10347166 in the amount of FIVE THOUSAND

SEVEN HUNDRED SIXTY TWO AND 00/100 Dollars (\$ 5,762.00 )

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

2<sup>ND</sup> day of SEPTEMBER 20 09



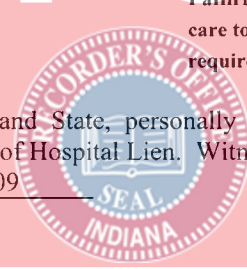
*Christa Hacker*

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.

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

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 2<sup>ND</sup> Day of SEPTEMBER 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.

12<sup>00</sup>  
037411  
Am