

2009 064969

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 SEP 23 PM 2:05

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 EMC, P.O. BOX 429598,

BLUE ASH, OH 45242 CL #596103 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7TH day of JULY 20 09

and recorded on the 14TH day of JULY 20 09 (as instrument No.

10410389 & 10414706) (in Hospital Lien Book, Page 2009047881) 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 JEANNIE VOURAZERIS

Regarding Patient Account Number 10410389 & 10414706 in the amount of FIVE THOUSAND

TWENTY TWO AND 00/100 Dollars (\$ 5,022.00)

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

8TH day of SEPTEMBER 20 09

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

Christa Hacker

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

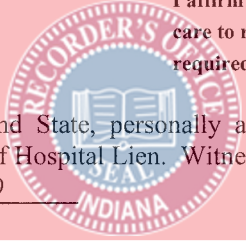
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 8TH 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.

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