

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 064973

2009 SEP 23 PM 2:06

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 INSURANCE, P.O. BOX 964,
CROWN POINT, IN 46308 CL #1192295 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 13TH day of AUGUST 20 09

and recorded on the 27TH day of AUGUST 20 09 (as instrument No.

10433186) (in Hospital Lien Book, Page 2009059392) 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 DUAA BABER

Regarding Patient Account Number 10433186 in the amount of TWO THOUSAND

SIX HUNDRED FIFTY AND 00/100 Dollars (\$ 2,650.00)

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

16TH day of SEPTEMBER 20 09

(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 16TH Day of SEPTEMBER 20 09
My Commission Expires: 02/14/2017
Residing in Lake County, Indiana

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.

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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