

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 064974

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 13<sup>TH</sup> day of AUGUST 20 09

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

10433185 ) (in Hospital Lien Book, Page 2009059390 ) 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 MOHAMMAD BABER

Regarding Patient Account Number 10433185 in the amount of ONE THOUSAND

SIX HUNDRED TWO AND 00/100 Dollars (\$ 1,602.00 )

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

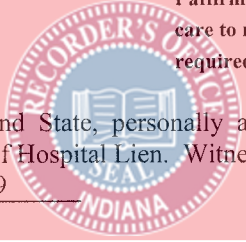
16<sup>TH</sup> day of SEPTEMBER 20 09

(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 16<sup>TH</sup> 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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