2009 065273

STATE OF INDIANA
LAKE COUNTY FILED FOR RECORD

2009 SEP 25 AM 8: 36

MICHAEL A. BROWN RECORDER

RETURN TO: ST. ANTHONY MEDICAL CENTER 2434 Interstate Plaza Drive Suite 2 Hammond, IN 46324 Attn: J.Torres

## RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by ST. ANTHONY MEDICAL CENTER, 1201 S. Main St., Crown Point, IN 46307, against Steven Robinson, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 13<sup>th</sup> day of July and recorded on the 27<sup>th</sup> day of July (as instrument number 2009 051466), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Steven Robinson in the amount of Ten Thousand Seven Hundred Seventy Five and Eighty Two cents (\$10,775.82 Dollars is released this 21st day of September, 2009.

In the event full payment of the hospital charges has not been received, St. Anthony Medical Center specifically reserves all rights it may have to collect the balance due. OFFI ST. ANTHONY MEDICAL CENTER the Lake County Recor STATE OF INDIANA SS COUNY OF LAKE ) Megan Kijewski being the Workers Compensation/ Legal Specialist for St. Anthony Medical Center, being duly sworn upon her oath, says the facts stated in the foregoing are true and correct. Megan Kijewski ry Public, this 21st day of September, 2009. SEAL Notary Public Resident of Lake County March 24, 2011 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. This instrument Prepared By: Megar Kijewski St. Anthony Medical Cente 1201 S. Main St., Crown Point, IN 46307

