

2009 066034

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 SEP 29 AM 11:39

MICHAEL A. BROWN  
RECORDER

St. Catherine Hospital  
4321 Fir Street  
East Chicago, IN 46312

### RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. CATHERINE HOSITAL

against HARTFORD INSURANCE, P.O. BOX 68941,

INDIANAPOLIS, IN 46268 CL #PA7639042 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 13<sup>TH</sup> day of JANUARY 20 09

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

30033251 ) (in Hospital Lien Book, Page 2009004551 ) 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

JUAN MARTINEZ

Regarding Patient Account Number 30033251 in the amount of ONE THOUSAND

ONE HUNDRED FIFTY TWO AND 00/100 Dollars (\$ 1,152.00 )

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

22<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 22<sup>ND</sup> Day of SEPTEMBER 20 09

My Commission Expires: 02/14/17

Residing in Lake County, Indiana

*Lisa E. Ward*

Lisa E. Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Catherine Hospital.

12<sup>00</sup>  
03784  
9m