

2009 066039

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 SEP 29 AM 11:40

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 13TH day of JANUARY 20 09

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

30028259 & 30028606) (in Hospital Lien Book, Page 2009004558) 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 30028259 & 30028606 in the amount of TWO THOUSAND

FIVE HUNDRED TEN AND 00/100 Dollars (\$ 2,510.00)

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

22ND day of SEPTEMBER 20 09

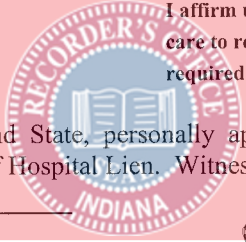
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 22ND Day of SEPTEMBER 20 09
My Commission Expires: 02/14/17
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. Catherine Hospital.

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