

2009 066041

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

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.

30027478 & 30027759

) (in Hospital Lien Book, Page

2009004559

) 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

30027478 &  
30027759

in the amount of

ONE THOUSAND

SEVEN HUNDRED NINETEEN AND 00/100

Dollars (\$

1,719.00

)

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

(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

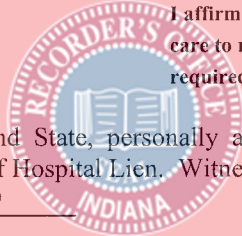
My Commission Expires: 02/14/17

Residing in Lake County, Indiana

*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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037811  
RM