

2009 066045

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 SEP 29 AM 11:40

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 PROGRESSIVE INSURANCE, P.O. BOX 2862,

CLINTON, IA 52733 CL #083320842 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30TH day of JUNE 20 08

and recorded on the 15TH day of JULY 20 08 (as instrument No.

10264750) (in Hospital Lien Book, Page 2008050862) 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 KATHLEEN SHOLEY

Regarding Patient Account Number 10264750 in the amount of ONE THOUSAND

EIGHT HUNDRED THIRTEEN AND 68/100 Dollars (\$ 1,813.68)

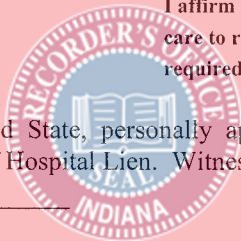
the Recorder is hereby authorized to release said lien solely as to the above described party this

22ND day of SEPTEMBER 20 09

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

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.

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: 02/14/2017
Residing in Lake County, Indiana



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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