STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 081974

2009 DEC 10 PM 2: 06

MICHAEL A. BROWN RECORDER

RETURN TO:

ST. MARGARET MERCY HEALTHCARE CENTERS

17

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. MARGARET MERCY HEALTHCARE CENTERS, 5454 Hohman Ave., Hammond, IN 46320, against Alicia Whitfield, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 14th day of April, 2009 and recorded on the 27th day of April as instrument number 2009 026820, in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Alicia Whitfield in the amount of Thirteen Thousand Five Hundred Seventy Two and Thirty Two Cents (\$13,572.32 Dollars, is released this 1st day of December, 2009.

In the event full payment of the hospital charges has not been received, St. Margaret Mercy Healthcare Centers specifically reserves all rights it may have to collect the balance due.

,		
	ST. MARGARET MERCY HEALTHCARE CENTER	S
	BY: Mlaan Kijalosk	(
STATE	OF INDIANA) Megan Kijewski	
COUNY	OF LAKE) SS:	

Megan Kijewski being the Legal Specialist for St. Margaret Mercy Healthcare Centers, being duly sworn upon her oath, says the facts stated in the foregoing are true and correct.

Megan Kijewski

Subscribed and sworn to before me, a Notary Public, this 1st day of December, 2009.

Mostros Torres
Notary Public
SEAL
Lote County, State of Indiana
Expires 3-24-2011

My Commission Expires:

My Commission Expires:

My Commission Expires: March 24, 2011

Resident of Lake County

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:

Megan Kijewski

St. Margaret Mercy Healthcare Centers

5454 Hohman Ave., Hammond, IN 46320

12-

B/3

