

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 000138

2010 JAN -6 PM 2:10

LAKE COUNTY RECORDER  
CAROLYN J. POLLARD  
ACTING 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 HOSPITAL*

against PROGRESSIVE INSURANCE, P.O. BOX 2862,

CLINTON, IA 52733 CL #091935985 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 3<sup>RD</sup> day of NOVEMBER 20 09

and recorded on the 18<sup>TH</sup> day of NOVEMBER 20 09 (as instrument No.

01755062 ) (in Hospital Lien Book, Page 2009076916 ) 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 EVIN SIMON

Regarding Patient Account Number 01755062 in the amount of THREE THOUSAND

FIVE HUNDRED TWENTY SEVEN AND 00/100 Dollars (\$ 3,527.00 )

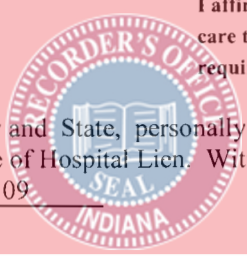
the Recorder is hereby authorized to release said lien solely as to the above described party this

16<sup>TH</sup> day of DECEMBER 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 16<sup>TH</sup> Day of DECEMBER 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>  
038719  
RM