

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 011374

2010 MAR -2 AM 11:45

MICHELLE H. FAJMAN
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 GEICO INSURANCE, ONE GEICO CENTER,

MACON, GA 31296 CL #0121304910101054 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 2ND day of DECEMBER 20 09

and recorded on the 17TH day of DECEMBER 20 09 (as instrument No. 01764826, 01767131, 01768077, 01768369) (in Hospital Lien Book, Page 2009083783) 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 MELBA GEORGE

Regarding Patient Account Number 01764826, 01767131, 01768077, 01768369 in the amount of TWO THOUSAND

ONE HUNDRED SIXTY FOUR AND 00/100 Dollars (\$ 2,164.00)

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

16TH day of FEBRUARY 20 10

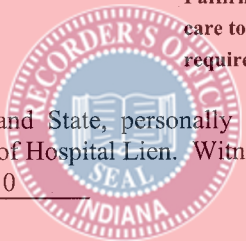
Christa Hacker

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.

(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 16TH Day of FEBRUARY 20 10
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-
#079383
SS