

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 013015

2010 MAR 10 PM 2:42

MICHELLE R. FAJMAN
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 OHIO CASUALTY INSURANCE, P.O. BOX 188061,
FAIRFIELD, OH 45018 CL #09064073 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 20TH day of JANUARY 20 10
and recorded on the 4TH day of FEBRUARY 20 10 (as instrument No.
10482789 & 10492103) (in Hospital Lien Book, Page 2010006625) 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 MELISSA ARNOLD

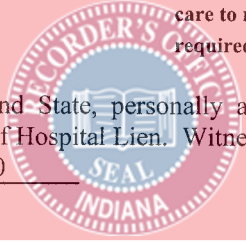
Regarding Patient Account Number 10482789 & 10492103 in the amount of THREE THOUSAND
ONE HUNDRED FIFTY NINE AND 00/100 Dollars (\$ 3,159.00)

the Recorder is hereby authorized to release said lien solely as to the above described party this
24TH day of FEBRUARY 20 10

(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 24TH Day of FEBRUARY 20 10
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.

12-
#032443
SS