

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 013020

2010 MAR 10 PM 2:42

MICHELLE R. 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 STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-2396-578 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 29TH day of DECEMBER 20 09

and recorded on the 12TH day of JANUARY 20 10 (as instrument No.

01773713 & 01774435) (in Hospital Lien Book, Page 2010001959) 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 ANGEL MARTINEZ

Regarding Patient Account Number 01773713 & 01774435 in the amount of FOUR THOUSAND

ONE HUNDRED FORTY NINE AND 32/100 Dollars (\$ 4,149.32)

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

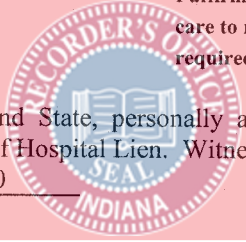
24TH day of FEBRUARY 20 10

(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: 02/14/17
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.

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