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2010 MAR 18 AM 8:41

MICHELLE R. FAJMAN  
RECORDER

RETURN TO: SSFHS Attn Megan K  
2434 Interstate Plaza Dr Hammond IN 46324

RELEASE OF HOSPITAL LIEN

This is to certify that a certain Hospital Lien by ST. ANTHONY MEDICAL CENTER, 1201 S. Main St., Crown Point, IN 46307, against Allan Katz, represented by the Sworn Statement Of Notice Of Intention To Hold Hospital Lien which was executed on the 10<sup>th</sup> day of June 2009 and recorded on the 22nd day of June 2009 (as instrument number 2009-041445), in the Office of the Recorder of Lake County, Indiana, for the reasonable and necessary charges for hospital care, treatment and maintenance of Allan Katz in the amount of eleven thousand thirty-seven dollars (\$11037.00), is released this 9<sup>th</sup> day of March, 2010.

In the event full payment of the hospital charges has not been received, St. Anthony Medical Center specifically reserves all rights it may have to collect the balance due.

**NOT OFFICIAL!**  
This Document is the property of  
the Lake County Recorder!

ST. ANTHONY MEDICAL CENTER

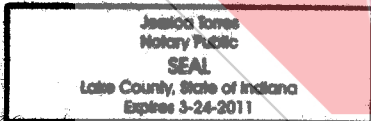
BY: Megan Kijewski  
Megan Kijewski

STATE OF INDIANA )  
                                  ) SS:  
COUNY OF LAKE        )

Megan Kijewski being the Legal Specialist for St. Anthony Medical Center, being duly sworn upon her oath, says the facts stated in the foregoing are true and correct.

Megan Kijewski  
Megan Kijewski

Subscribed and sworn to before me, a Notary Public, this 9<sup>th</sup> day of March, 2010.



Jessica Torres  
Jessica Torres Notary Public

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  
Megan Kijewski St. Anthony Medical Center  
1201 S. Main St., Crown Point, IN 46307

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CK# 270134104  
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