

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 042431

2010 JUL 21 PM 2:39

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 HANOVER INSURANCE GROUP, P.O. BOX 15146,

WORCESTER, MA 01515 CL #1400054753 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 2ND day of JUNE 20 10

and recorded on the 16TH day of JUNE 20 10 (as instrument No.

10560138) (in Hospital Lien Book, Page 2010034240) 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 MICHAEL PUCHOWSKI

Regarding Patient Account Number 10560138 in the amount of TWO THOUSAND

FIVE HUNDRED NINETY THREE AND 00/100 Dollars (\$ 2,593.00)

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

8TH day of JULY 20 10

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 8TH Day of JULY 20 10

My Commission Expires: 02/14/2017

Residing in Lake County, Indiana

Lisa E. Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.

✓ # 040985
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