

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 052777

2010 SEP 13 PM 2:32

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 HOSPITAL

against INDIANA INSURANCE, P.O. BOX 6063,

INDIANAPOLIS, IN 46206 CL #803877520 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 9TH day of MARCH 20 10

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

30050892) (in Hospital Lien Book, Page 2010014068) 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 JOSE MARQUEZ

Regarding Patient Account Number 30050892 in the amount of TWO THOUSAND

THREE HUNDRED TWENTY TWO AND 00/100 Dollars (\$ 2,322.00)

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

2ND day of SEPTEMBER 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 2ND Day of SEPTEMBER 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.

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 041613
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS