

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 052781

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 HOSITAL

against ALLSTATE INSURANCE, P.O. BOX 3010,

HARRINGTON, IL 60011 CL #0144896684 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18<sup>TH</sup> day of NOVEMBER 20 09

and recorded on the 11<sup>TH</sup> day of DECEMBER 20 09 (as instrument No.

30046316 ) (in Hospital Lien Book, Page 2009082342 ) 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 EDMUND BUSTAMANTE

Regarding Patient Account Number 30046316 in the amount of FIVE HUNDRED

EIGHTY EIGHT AND 00/100 Dollars (\$ 588.00 )

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

2<sup>ND</sup> day of SEPTEMBER 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 2<sup>ND</sup> 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 # 041013  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON - COM \_\_\_\_\_  
CLERK SS