

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 058393

2010 OCT -7 PM 2:33

MICHAEL STANMAN  
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 STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-2347-292 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 9<sup>TH</sup> day of JUNE 20 10

and recorded on the 24<sup>TH</sup> day of JUNE 20 10 (as instrument No.

10562326 ) (in Hospital Lien Book, Page 2010035875 ) 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 DERRICK JOHNSON

Regarding Patient Account Number 10562326 in the amount of THREE THOUSAND

EIGHTEEN AND 00/100 Dollars (\$ 3,018.00 )

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

8<sup>TH</sup> 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 8<sup>TH</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. Mary Medical Center.

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 041870  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK S