

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 058398

2010 OCT -7 PM 2:33

MICHAEL D. FAIMAN
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 #14-3026-130 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21ST day of JULY 20 10

and recorded on the 5TH day of AUGUST 20 10 (as instrument No.

10548415) (in Hospital Lien Book, Page 2010045197) 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 JEREMY ZAMARRON

Regarding Patient Account Number 10548415 in the amount of ONE THOUSAND

NINE HUNDRED SEVENTY THREE AND 00/100 Dollars (\$ 1,973.00)

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

23RD day of SEPTEMBER 20 10

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 23RD Day of SEPTEMBER 20 10

My Commission Expires: 02/14/17
Residing in Lake County, Indiana

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 SS