

2010 058399

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 OCT -7 PM 2:33

MICHAEL S. 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 NATIONWIDE INSURANCE, 955 COUNTY LINE RD WEST,

WESTERVILLE, OH 43082 CL #048893 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7TH day of JULY 20 10

and recorded on the 13TH day of JULY 20 10 (as instrument No.

10572912) (in Hospital Lien Book, Page 2010040344) 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 EMMA STAVITZKE

Regarding Patient Account Number 10572912 in the amount of TWO THOUSAND

SIX HUNDRED AND 00/100 Dollars (\$ 2,600.00)

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

23RD 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 23RD 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 SS