# 2010 058402

**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 #14-3033-561      in connection with the Notice of

Intention to Hold Hospital Lien which was executed the        20$^{TH}$   day of   AUGUST      20  10

and recorded on the       1$^{ST}$   day of   SEPTEMBER     20  10     (as instrument No.

10593651          )  (in Hospital Lien Book, Page        2010050478          )  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        DARREN HOPKINS                       .

Regarding Patient Account Number        10593651     in the amount of     ONE THOUSAND

FIVE HUNDRED THIRTY NINE AND 00/100                      Dollars ($    1,539.00          )

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

23$^{RD}$   day of   SEPTEMBER    20  10

*Christa Hacker* (signature)
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  23$^{RD}$   Day of   SEPTEMBER   20  10
My Commission Expires: *02/14/17*
Residing in Lake County, Indiana

*Lisa E. Ward* (signature)
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