

2010 059691

2010 OCT 14 AM 10:13

MICHELLE B. 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 GEICO INSURANCE, ONE GEICO CENTER,

MACON, GA 31296 CL #0063347550101033 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 17<sup>TH</sup> day of MARCH 20 10

and recorded on the 9<sup>TH</sup> day of APRIL 20 10 (as instrument No.

10506704 ) (in Hospital Lien Book, Page 2010020324 ) 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 CONSTANCE MEDVED

Regarding Patient Account Number 10506704 in the amount of SIX THOUSAND

NINE HUNDRED NINETY THREE AND 15/100 Dollars (\$ 6,993.15 )

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

7<sup>TH</sup> day of OCTOBER 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 7<sup>TH</sup> Day of OCTOBER 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 # 041947  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK CIA