

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 061204

2010 OCT 21 AM 8:31

MICHELLE D. 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

ALLSTATE INSURANCE, P.O. BOX 440519,

KENNESAW, GA 30160

CL #0170440507

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.

10571612

) (in Hospital Lien Book, Page

2010040347

) 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

HELEN FIDRYCH

Regarding Patient Account Number

10571612

in the amount of

THIRTY FOUR

THOUSAND TWENTY AND 18/100

Dollars (\$

34,020.18

)

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

7TH 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 7TH 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 \$ 12⁰⁰

CASH _____ CHARGE _____

CHECK # 042056

OVERAGE _____

COPY _____

NON-COM _____

CLERK RM