

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 066527

2010 NOV 16 AM 9:15

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 STATE FARM INSURANCE, P.O. BOX 2360,

BLOOMINGTON, IL 61702 · CL #14-2205-372 in connection with the Notice of

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

and recorded on the 1<sup>ST</sup> day of SEPTEMBER 20 10 (as instrument No.

10565724 ) (in Hospital Lien Book, Page 2010050468 ) 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 DENNIS SMITH

Regarding Patient Account Number 10565724 in the amount of ONE HUNDRED

NINETY NINE AND 00/100 Dollars (\$ 199.00 )

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

27<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 27<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 # 042298  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK SS