

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 068837

2010 NOV 23 AM 9:48

MICHELLE R. 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 2362,

BLOOMINGTON, IL 61702 CL #14-3049-044 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 23RD day of SEPTEMBER 20 10

and recorded on the 7TH day of OCTOBER 20 10 (as instrument No.

10589024) (in Hospital Lien Book, Page 2010058410) 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 LINDA STOTTLEMIRE

Regarding Patient Account Number 10589024 in the amount of TWO THOUSAND

ONE HUNDRED FORTY FOUR AND 00/100 Dollars (\$ 2,144.00)

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

4TH day of NOVEMBER 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 4TH Day of NOVEMBER 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 # 042371
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS