

FILED

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NOTARY PUBLIC

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 INDIANA FARM BUREAU INS., 3586 N. HOBART ROAD,
HOBART, IN 46342 CL #7104891 in connection with the Notice of
Intention to Hold Hospital Lien which was executed the 4TH day of AUGUST 20 10
and recorded on the 19TH day of AUGUST 20 10 (as instrument No.
10585265) (in Hospital Lien Book, Page 2010047799) 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 ZDRAVKO PETKOVICH

Regarding Patient Account Number 10585265 in the amount of TWO THOUSAND
SEVEN HUNDRED TWENTY THREE AND 95/100 Dollars (\$ 2,723.95)

the Recorder is hereby authorized to release said lien solely as to the above described party this
18TH 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 18TH 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 # 042538
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS