

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 074802

2010 DEC 17 AM 11:24

MICHAEL J. GIBSON  
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 #14-3057-886 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14<sup>TH</sup> day of OCTOBER 20 10

and recorded on the 21<sup>ST</sup> day of OCTOBER 20 10 (as instrument No.

10610699 & 10613966 ) (in Hospital Lien Book, Page 2010061208 ) 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 JOYCELYN DAVIS

Regarding Patient Account Number 10610699 & 10613966 in the amount of TWO THOUSAND

SEVEN HUNDRED AND 00/100 Dollars (\$ 2,700.00 )

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

1<sup>ST</sup> day of DECEMBER 20 10

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 1<sup>ST</sup> Day of DECEMBER 20 10  
My Commission Expires: 02/14/17  
Residing in Lake County, Indiana

  
Lisa E. Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 042659  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK SS