

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 074803

2010 DEC 17 AM 11:24

MICHAEL J. HIGMAN
RECORDER

St. Catherine Hospital
4321 Fir Street
East Chicago, IN 46312

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. CATHERINE HOSITAL

against UAG, P.O. BOX 532,

WILLOW GROVE, PA 19090 CL #10003507 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 8TH day of JULY 20 10

and recorded on the 21ST day of JULY 20 10 (as instrument No.

01809043) (in Hospital Lien Book, Page 2010042451) 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 PATRICIA ELLIS

Regarding Patient Account Number 01809043 in the amount of TWO THOUSAND

EIGHT HUNDRED SEVEN AND 69/100 Dollars (\$ 2,807.69)

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

1ST day of DECEMBER 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 1ST Day of DECEMBER 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. Catherine Hospital.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 042057
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS