

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 011824

2011 MAR -1 AM 11:13

MICHAEL AJMAN
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 MET LIFE INSURANCE, P.O. BOX 410450,

CHARLOTTE, NC 28241 CL #SLC59525GE in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 12TH day of MAY 20 10

and recorded on the 27TH day of MAY 20 10 (as instrument No.

30052860) (in Hospital Lien Book, Page 2010030433) 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 MARITZA LOPEZ

Regarding Patient Account Number 30052860 in the amount of EIGHT HUNDRED

FIFTY AND 00/100 Dollars (\$ 850.00)

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

22ND day of FEBRUARY 20 11.

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

Christa Hacker

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

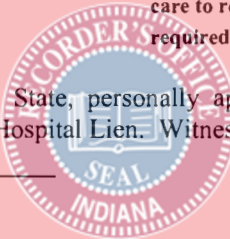
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 22ND Day of FEBRUARY 20 11

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 # 043654

OVERAGE _____

COPY _____

NON-COM _____

CLERK LM