

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 013398

2011 MAR -9 PM 12: 57

MICROFILMED  
RECORDED

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 FARMERS INSURANCE, P.O. BOX 268993,

OKLAHOMA CITY, OK 73126 CL #101596861 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 5<sup>TH</sup> day of JANUARY 20 11

and recorded on the 20<sup>TH</sup> day of JANUARY 20 11 (as instrument No.

10653857 ) (in Hospital Lien Book, Page 2011004128 ) 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 JANICE MCMULLEN

Regarding Patient Account Number 10653857 in the amount of TWO THOUSAND

SIX HUNDRED AND 00/100 Dollars (\$ 2,600.00 )

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

2<sup>ND</sup> day of MARCH 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 2<sup>ND</sup> Day of MARCH 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. Mary Medical Center.

AMOUNT \$ 1200  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 043751  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON - COM \_\_\_\_\_  
CLERK RM