

2011 024488

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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 INDIANA FARM BUREAU INS., 432 HALLECK ST., SUITE B,

DEMOTTE, IN 46310 CL #7307944 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 22<sup>ND</sup> day of FEBRUARY 20 11

and recorded on the 1<sup>ST</sup> day of MARCH 20 11 (as instrument No.

01877909 ) (in Hospital Lien Book, Page 2011011832 ) 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 RACHEL EQUIHUA

Regarding Patient Account Number 01877909 in the amount of THREE THOUSAND

ONE HUNDRED NINETY FIVE AND 64/100 Dollars (\$ 3,195.64 )

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

13TH day of APRIL 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 13<sup>TH</sup> Day of APRIL 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 # 044354  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK SS