

2011 024489

2011 MAR -2 PM 12:25

LAKE COUNTY
FEE BOARD

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 22ND day of FEBRUARY 20 11

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

01877906) (in Hospital Lien Book, Page 2011011833) 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 ROBERT COLEMAN

Regarding Patient Account Number 01877906 in the amount of SEVENTEEN

THOUSAND SEVEN HUNDRED NINETY SIX AND 78/100 Dollars (\$ 17,796.78)

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 13TH 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