

FILED

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2011 MAY -2 PM 12:25

REC

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 HOSPITAL

against

AMERICAN ACCESS, ONE S. 450 SUMMIT AVE., #230,

OAK BROOK TERRACE, IL 60181 CL #1006231277

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.

01820789 & 01821803) (in Hospital Lien Book, Page 2010042452) 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 ISABEL LEON

Regarding Patient Account Number 018207089 & 01821803 in the amount of FIVE THOUSAND

THREE HUNDRED NINETY FIVE AND 55/100 Dollars (\$ 5,395.55)

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 # 044356
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS