

2011 024494

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FILED  
REC'D

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

STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-3092-349

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 2<sup>ND</sup> day of MARCH 20 11

and recorded on the 9<sup>TH</sup> day of MARCH 20 11 (as instrument No.

01877795 ) (in Hospital Lien Book, Page 2011013377 ) 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 LINDA LOPEZ

Regarding Patient Account Number 01877795 in the amount of TWO THOUSAND

SEVEN HUNDRED EIGHT AND 58/100 Dollars (\$ 2,708.58 )

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