

FILED FOR RECORD

2011 024496

2011 MAY -2 PM 12: 25

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 5TH day of JANUARY 20 11
and recorded on the 20TH day of JANUARY 20 11 (as instrument No.
10657091) (in Hospital Lien Book, Page 2011004130) 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 10657091 in the amount of ONE THOUSAND

FIVE HUNDRED THIRTY FIVE AND 00/100 Dollars (\$ 1,535.00)

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. Mary Medical Center.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 044356
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS