

FILED FOR RECORDS  
LAKE COUNTY  
INDIANA

2011 024498

2011 MAY -2 PM 12:25

RECORDED  
INDEXED

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 STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-3057-720 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.

10618462 ) (in Hospital Lien Book, Page 2011013368 ) 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 GYURE

Regarding Patient Account Number 10618462 in the amount of THREE THOUSAND

ONE HUNDRED TWO AND 00/100 Dollars (\$ 3,102.00 )

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

13<sup>TH</sup> 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. Mary Medical Center.

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