

FILED IN RECORDS

2011 024500

2011 MAY -2 PM 12:25

REC'D

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 PROGRESSIVE INSURANCE, 5521 W. LINCOLN HWY, #220,  
CROWN POINT, IN 46307 CL #111805429 in connection with the Notice of  
Intention to Hold Hospital Lien which was executed the 17<sup>TH</sup> day of MARCH 20 11  
and recorded on the 7<sup>TH</sup> day of APRIL 20 11 (as instrument No.  
10668383) (in Hospital Lien Book, Page 2011020133) 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 MARIA MARIN

Regarding Patient Account Number 10668383 in the amount of FOUR THOUSAND

EIGHT HUNDRED TWENTY ONE AND 42/100 Dollars (\$ 4,821.42)

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 # 094356  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK JS