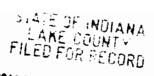
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2011 MAY -6 AM 11: 04

MICHER AJMASt. Catherine Hospital RECONDER 4321 Fir Street East Chicago, IN 46312

## RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. CATHERINE HOSITAL

against	ALLSTATE INSURANCE, P.O. BOX 440519,
KENNESAW, GA 30160 CL #0188044267	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 day ofAPRIL	20 11 (as instrument No.
01879216 ) (in Hospital Lien Book, Pa	age 2011020135 ) in the office of the
Recorder of LAKE County, Indiana, and was for the reas	onable and necessary charges for hospital care,
treatment and maintenance of IESHALOCKET	*OFFICIAL!
Regarding Patient Account Numbers Docu	
ONE HUNDRED NINE AND 00/100 the Lal	ke County Recorder!  Dollars (\$ 6,109.00
the Recorder is hereby authorized to release said lien solo  20 <sup>TH</sup> day of APRIL 20 11.	ely as to the above described party this
	Christa Hacken
(STATE OF INDIANA)	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT  I affirm under the penalties for perjury, that I have taken reasonable
( ) SS:	care to redact each Social Security number in this document, unless
(COUNTY OF LAKE )	required by law.
Before me, a Notary Public in and for said County and State, personally appeared <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 20 <sup>TH</sup> Day of APRIL 20 11  My Commission Expires: 02/14/17  Residing in Lake County, Indiana	
This instrument was prepared by CHRISTA HACKER,	
	AMOUNT \$'d
	CASH CHARGE CHECK #
	OVERAGE
	COPY
	NON-COM
	CLERK SS