

2011 025400

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 MAY -6 AM 11:04

MICHAEL FAJMAN
RECORDER
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 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 17TH day of MARCH 20 11

and recorded on the 7TH day of APRIL 20 11 (as instrument No.

01879216) (in Hospital Lien Book, Page 2011020135) 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 IESHA LOCKETT

Regarding Patient Account Number 01879216 in the amount of SIX THOUSAND

ONE HUNDRED NINE AND 00/100 Dollars (\$ 6,109.00)

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

20TH 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 20TH 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 # 04462
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS