

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 025413

2011 MAY -6 AM 11:04

MICHAEL J. HUMAN
RECORDER

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

WORKERS COMP BOARD, ATTN: OUT OF PROVINCE

CLAIMS, 3RD FLOOR, 333 BROADWAY, WINNIPEG MANITOBA R3C 4W3 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 1ST day of DECEMBER 20 10

and recorded on the 17TH day of DECEMBER 20 10 (as instrument No.

10636304) (in Hospital Lien Book, Page 2010074820) 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 JAKOB KONN

Regarding Patient Account Number 10636304 in the amount of TEN THOUSAND

SEVEN HUNDRED SEVENTY NINE AND 95/100 Dollars (\$ 10,779.95)

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. Mary Medical Center.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 044762
OVERAGE _____
COPY _____
NON - COM _____
CLERK SS