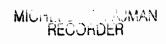


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St. Mary Medical Center 1500 S. Lake Park Ave. Hobart, IN 46342

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, 3 RD FLOOR, 333 BROADWAY, WINNIPEG MANITOBA R3C 4W3 in connection with the Notice of					
Intention to Hold Hospital Lien which was executed the			day of	DECEMBER	20 _10
and recorded on the	17 TH day of DEC	EMBER 20	10 (as in	nstrument No.	
10636304) (in Hospital Lien Book,	Page <u>201007</u>	4820) in the office of	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 SEV	VENTY NINE AND 95/100	ike County R	ecopollars (\$	10,779.95)
the Recorder is hereby authorized to release said lien solely as to the above described party this					
20 TH day of AP	RIL 20 11		Christ	a Hachen	
(STATE OF INDIANA) ((COUNTY OF LAKE)	SS:	I affir	m under the penalti	ER-PATIENT FINA ties for perjury, that I had I Security number in this	ve taken reasonable
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 <u>20TH</u> Day of <u>APRIL</u> 20 11 My Commission Expires: <u>02/14/17</u> Residing in Lake County, Indiana Lisa E. Ward, Notary Public					
This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.					
			C C C N	MOUNT \$ 2 - CHARGE - COPY - COM - CO	Te2