

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 025414

2011 MAY -6 AM 11:04

MICHAEL J. ZUMAN
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 STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-3029-003 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 4TH day of AUGUST 20 10

and recorded on the 19TH day of AUGUST 20 10 (as instrument No.

01828811) (in Hospital Lien Book, Page 2010047801) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

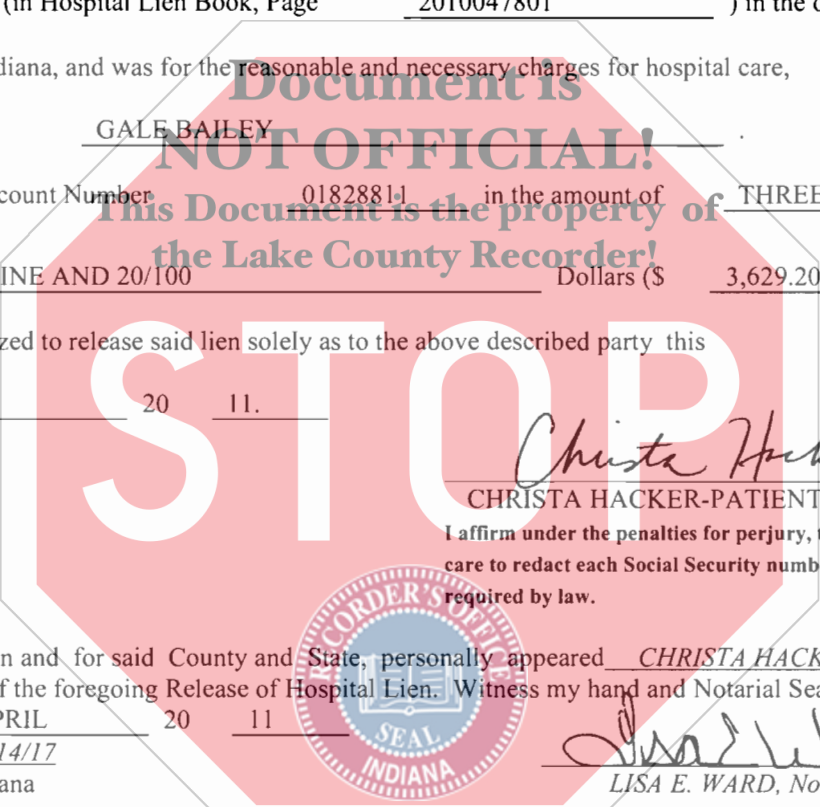
treatment and maintenance of GALE BAILEY

Regarding Patient Account Number 01828811 in the amount of THREE THOUSAND

SIX HUNDRED TWENTY NINE AND 20/100 Dollars (\$ 3,629.20)

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

20TH day of APRIL 20 11.



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.

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 # 044462
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS