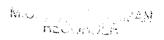


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St. Mary Medical Center 1500 S. Lake Park Ave. Hobart, IN 46342

## RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. MARY MEDICAL CENTER

against ALL	STATE INSURANCE, P.O. BOX 440519,
KENNESAW, GA 30160 CL #190183111	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	2 <sup>ND</sup> day of MARCH 20 11
and recorded on the 9 <sup>TH</sup> day of MARCH	20 11 (as instrument No.
10672239 ) (in Hospital Lien Book, Page	
Recorder of LAKE County, Indiana, and was for the reasonable	and necessary charges for hospital care,
treatment and maintenance of EUGENE CURTIS	OFFICIAL!
Regarding Patient Account Number is Docu 1067	2239 1 in the amount of TWENTY FOUR
THOUSAND SEVEN HUNDRED FIFTY THREE AND 38/10	County Recorder! Dollars (\$ 24,753.38 )
the Recorder is hereby authorized to release said lien solely as to 27 <sup>TH</sup> day of APRIL 20 11  (STATE OF INDIANA)  ( ) SS:  (COUNTY OF LAKE )  Before me, a Notary Public in and for said County and States are also as a county are also as a county and States are also as a county are a county are also as a county are a county are a county are also as a county are a	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT Laffirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.  CHRISTA HACKER who
acknowledged the execution of the foregoing Release of Hospit this 27 <sup>TH</sup> Day of APRIL 20 11  My Commission Expires: 02/14/17  Residing in Lake County, Indiana	al Lien. Witness my hand and Notarial Scal  Lisa E. Ward, Notary Public
This instrument was prepared by CHRISTA HACKER, Patient	
	CASH ————————————————————————————————————
	COPY NON - COM
	CLERK_SS