

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 027517

2011 MAY 17 PM 1:29

MICHAEL J. HUMAN  
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 SEDGWICK CMS, P.O. BOX 1069,

DEERFIELD, IL 60015 CL #30100644213 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7<sup>TH</sup> day of JULY 20 10

and recorded on the 13<sup>TH</sup> day of JULY 20 10 (as instrument No.

01818393 ) (in Hospital Lien Book, Page 2010040352 ) 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 NAYCOLE SIMS

Regarding Patient Account Number 01818393 in the amount of TWO THOUSAND

SEVEN HUNDRED SIXTY FIVE AND 00/100 Dollars (\$ 2,765.00 )

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

4<sup>TH</sup> day of MAY 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 4<sup>TH</sup> Day of MAY 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 # 044515 \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON - COM \_\_\_\_\_  
CLERK SS \_\_\_\_\_