

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 027520

2011 MAY 17 PM 1:29

MICHAEL BAGMAN
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 STATE FARM INSURANCE, P.O. BOX 2308,

BLOOMINGTON, IL 61702 CL #14-2275-726 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7TH day of OCTOBER 20 10

and recorded on the 21ST day of OCTOBER 20 10 (as instrument No.

10596334) (in Hospital Lien Book, Page 2010061209) 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 GABRIEL MAGANA


Regarding Patient Account Number 10596334 in the amount of NINE THOUSAND

NINE HUNDRED TWENTY EIGHT AND 28/100 Dollars (\$ 9,928.28)

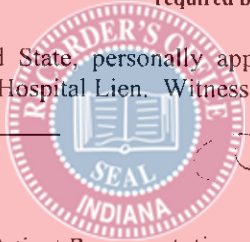
the Recorder is hereby authorized to release said lien solely as to the above described party this

4TH day of MAY 20 11

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


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 4TH Day of MAY 20 11
My Commission Expires: 02/14/17
Residing in Lake County, Indiana




Lisa E. Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Mary Medical Center.
AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 044515
OVERAGE _____
COPY _____
NON-COM _____
CLERK S