

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 027521

2011 MAY 17 PM 1:29

MICHAEL J. HAJMAN
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 CNA INSURANCE, P.O. BOX 8317,

CHICAGO, IL 60680 CL #E2686053 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 9TH day of SEPTEMBER 20 10

and recorded on the 23RD day of SEPTEMBER 20 10 (as instrument No. 10609460, 10583705, 10584135) (in Hospital Lien Book, Page 2010055296) 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 DELORES RICHARDS

Regarding Patient Account Number 10584135, 10609460, 10583705 in the amount of ONE THOUSAND

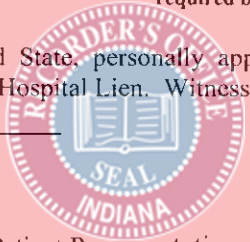
EIGHT HUNDRED FIFTY THREE AND 00/100 Dollars (\$ 1,853.00))

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)

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



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.

Lisa E. Ward
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