

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 027990

2011 MAY 19 PM 1:29

MICHELLE J. FULMAN  
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

PROGRESSIVE INSURANCE, P.O. BOX 512926,

LOS ANGELES, CA 90051

CL #105635075

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

1<sup>ST</sup>

day of

DECEMBER

20

10

and recorded on the

17<sup>TH</sup>

day of

DECEMBER

20

10

(as instrument No.

10635210

)

(in Hospital Lien Book, Page

2010074818

)

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

CASSANDRA CHORAK

Regarding Patient Account Number

10635210

in the amount of

TWO THOUSAND

THREE HUNDRED FIFTY SIX AND 00/100

Dollars (\$

2,356.00

)

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

11<sup>TH</sup>

day of

MAY

20

11

(STATE OF INDIANA)

( ) SS:

(COUNTY OF LAKE )

*Christa Hacker*

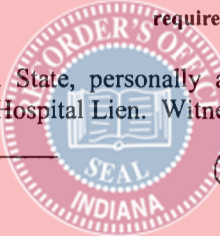
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

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 11<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. Mary Medical Center.

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 044594  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK SS