

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 027991

2011 MAY 19 PM 1:29

MICHELLE S. FAJMAN
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

LIBERTY MUTUAL INSURANCE, P.O. BOX 95408,

HOFFMAN ESTATES, IL 60195 CL #P413146915 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 13TH day of APRIL 20 11

and recorded on the 2ND day of MAY 20 11 (as instrument No.

1000002680) (in Hospital Lien Book, Page 2011024505) 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 RICHARD SHOCKLEY

Regarding Patient Account Number 1000002680 in the amount of SEVEN THOUSAND

SEVEN HUNDRED THIRTY EIGHT AND 64/100 Dollars (\$ 7,738.64)

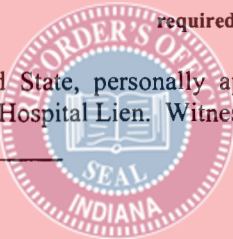
the Recorder is hereby authorized to release said lien solely as to the above described party this

11TH 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 11TH 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