

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 027992

2011 MAY 19 PM 1:29

MICHAEL FAUMAN
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 22ND day of FEBRUARY 20 11

and recorded on the 1ST day of MARCH 20 11 (as instrument No.

1000001318) (in Hospital Lien Book, Page 2011011827) 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 1000001318 in the amount of THIRTY FOUR

THOUSAND ONE HUNDRED SIX AND 98/100 Dollars (\$ 34,106.98)

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

11TH day of MAY 20 11

Christa Hacker

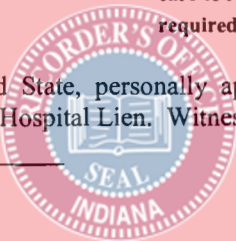
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

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.

(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 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