

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 027993

2011 MAY 19 PM 1:29

MICHELLE J. AGMAN  
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

ALLSTATE INSURANCE, P.O. BOX 440519,

KENNESAW, GA 30160

CL #190183111

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

22<sup>ND</sup>

day of

FEBRUARY

20 11

and recorded on the

1<sup>ST</sup>

day of

MARCH

20 11

(as instrument No.

1000001129

) (in Hospital Lien Book, Page

2011011828

) 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

EUGENE CURTIS

Regarding Patient Account Number

1000001129

in the amount of

FORTY NINE

THOUSAND ONE HUNDRED THIRTY NINE AND 83/100

Dollars (\$

49,139.83

)

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