

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 028444

2011 MAY 23 AM 11:37

MICHAEL J. AWAN
RECORDER

St. Catherine Hospital
4321 Fir Street
East Chicago, IN 46312

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. CATHERINE HOSITAL

against STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-3088-948 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.

01872212) (in Hospital Lien Book, Page 2011024507) 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 PREZONT WIGGINS

Regarding Patient Account Number 01872212 in the amount of THREE THOUSAND

THREE HUNDRED NINETY SIX AND 32/100 Dollars (\$ 3,396.32)

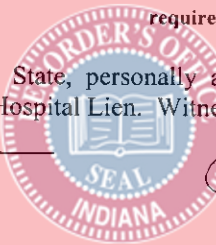
the Recorder is hereby authorized to release said lien solely as to the above described party this

18TH 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 18TH 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. Catherine Hospital.

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 044683
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS