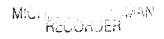


2011 028449

2011 MAY 23 AH 11: 38



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

| Intention to Hold Hospital Lien which was executed the 11 TH day of NOVEMBER 20 10 and recorded on the 23 RD day of NOVEMBER 20 10 (as instrument No. O1834375 & 30058696) (in Hospital Lien Book, Page 2010068904) in the office of the Recorder of LILLIAN DAWSON Regarding Patient Account Number 30058696 in the amount of TWO THOUSAND FOUR HUNDRED THIRTY NINE AND 00/106 Lake County as to the above described party this |
|---|
| and recorded on the 23 RD day of NOVEMBER 20 10 (as instrument No. 01834375 & 30058696) (in Hospital Lien Book, Page 2010068904) 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 LILLIAN DAWSON Regarding Patient Account Number 30058696 in the amount of TWO THOUSAND FOUR HUNDRED THIRTY NINE AND 00/100 Lake County Rec Dollars (\$ 2,439.00) |
| 01834375 & 30058696) (in Hospital Lien Book, Page 2010068904) 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 1834375 & |
| Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care, treatment and maintenance of Regarding Patient Account Number 30058696 in the amount of TWO THOUSAND FOUR HUNDRED THIRTY NINE AND 00/100 Lake County Rec Dollars (\$ 2,439.00) |
| treatment and maintenance of LILLIAN DAWSON Regarding Patient Account Number 30058696 in the amount of TWO THOUSAND FOUR HUNDRED THIRTY NINE AND 00/100 Lake County Rec Dollars (\$ 2,439.00) |
| Regarding Patient Account Number 30058696 in the amount of TWO THOUSAND FOUR HUNDRED THIRTY NINE AND 00/100 Lake County Rec Dollars (\$ 2,439,00) |
| Regarding Patient Account Number 30058696 in the amount of TWO THOUSAND FOUR HUNDRED THIRTY NINE AND 00/100 Lake County Recooliars (\$ 2,439,00) |
| FOUR HUNDRED THIRTY NINE AND 00/100 Lake County Recooliars (\$ 2,439.00) |
| the Recorder is hereby authorized to release said lien solely as to the above described party this |
| |
| 18 TH day of MAY 20 11. |
| CHRISTA HACKER-PATIENT FINANCIAL SUPPOR |
| (STATE OF INDIANA) I affirm under the penalties for perjury, that I have taken reasonable |
| (COUNTY OF LAKE) 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 18 TH Day of MAY 20 11 |
| My Commission Expires: 02/14/17 |
| Residing in Lake County, Indiana LIST E. WARD, Notary Public |
| This instrument was prepared by CHRISTA HACKER, Patient Representative, St. Catherine Hospital. |
| AMOUNT \$ 12- |
| CASHCHARGE |
| CHECK # |
| OVERAGE |
| COPY |
| NON-COM |