

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 028449

2011 MAY 23 AM 11:38

MICHAEL J. HANAN  
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 ALLSTATE INSURANCE, P.O. BOX 440519,

KENNESAW, GA 30160 CL #0175071182 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 11<sup>TH</sup> day of NOVEMBER 20 10

and recorded on the 23<sup>RD</sup> 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 01834375 & 30058696 in the amount of TWO THOUSAND

FOUR HUNDRED THIRTY NINE AND 00/100 Dollars (\$ 2,439.00 )

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

18<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 18<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. Catherine Hospital.

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