

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 028451

2011 MAY 23 AM 11:38

MICHAEL J. CRAMER  
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 STATE FARM INSURANCE, P.O. BOX 2362,  
BLOOMINGTON, IL 61702 CL #14-005N-414 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 4<sup>TH</sup> day of FEBRUARY 20 11  
and recorded on the 18<sup>TH</sup> day of FEBRUARY 20 11 (as instrument No.  
10667952 ) (in Hospital Lien Book, Page 2011009977 ) 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 CAROL ROSZKOWSKI

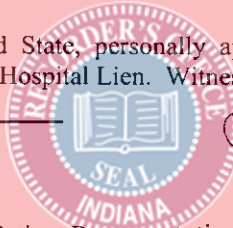
Regarding Patient Account Number 10667952 in the amount of ELEVEN THOUSAND  
FOURTEEN AND 84/100 Dollars (\$ 11,014.84 )

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. Mary Medical Center.

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