

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 044182

2011 AUG 17 AM 11:32

MICHAEL E. FAJMAN  
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 INDIANA INSURANCE P.O.BOX 515097

LOS ANGELES, CA. 90051 CL#904275360 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 2<sup>ND</sup> day of MARCH 20 11

and recorded on the 9<sup>TH</sup> day of MARCH 20 11 (as instrument No.

10652630 ) (in Hospital Lien Book, Page 2011013372 ) 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 LINDA C. STEININGER

Regarding Patient Account Number 10652630 in the amount of TWO THOUSAND

ONE HUNDRED TWENTY FOUR DOLLARS & 95/100 Dollars (\$ 2124.95 )

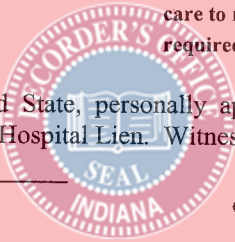
the Recorder is hereby authorized to release said lien solely as to the above described party this

29<sup>TH</sup> day of JULY 20 11

(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*Patricia J. Booyer*  
PATRICIA J. BOOYER-PATIENT/FINANCIAL SERVICES  
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 PATRICIA J. BOOYER who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 29<sup>TH</sup> Day of JULY 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 PATRICIA J. BOOYER, Patient Representative, St. Mary Medical Center.

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 045135  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK SS