

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 073375

2011 DEC 19 AM 10:43

MICHELLE R. 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 AMERICAN FAMILY INSURANCE, 6000 AMERICAN PKWY.,

MADISON, WI 53783 CL #005416071846 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 2ND day of NOVEMBER 20 11

and recorded on the 9TH day of NOVEMBER 20 11 (as instrument No.

1000113067) (in Hospital Lien Book, Page 2011063132) 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 WALTER TRESEMER

Regarding Patient Account Number 1000113067 in the amount of EIGHT THOUSAND

NINETY THREE AND 64/100 Dollars (\$ 8,093.64)

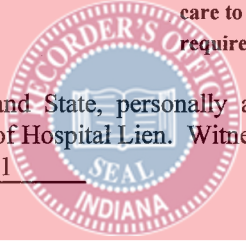
the Recorder is hereby authorized to release said lien solely as to the above described party this

7TH day of DECEMBER 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 7TH Day of DECEMBER 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 \$ 12⁰⁰
CASH _____ CHARGE _____
CHECK # 047153
OVERAGE _____
COPY _____
NON-COM _____
CLERK Rm