

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 074397

2011 DEC 22 PM 1:08

MICHELLE D. LAJMAN
RECORDER
St. Mary Medical Center
1500 S. Lake Park Ave.
Hobart, IN 46342

**Document is
NOT OFFICIAL!
RELEASE OF HOSPITAL LIEN**

This is to certify that a certain claim by ST. MARY MEDICAL CENTER

against

FOUNDERS INSURANCE, P.O. BOX 5100,

DES PLAINES, IL 60017 CL #1-232-32 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 27TH day of OCTOBER 20 10

and recorded on the 16TH day of NOVEMBER 20 10 (as instrument No.

10608725 & 10614613) (in Hospital Lien Book, Page 2010066537) 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 CYNTHIA JAMES

Regarding Patient Account Number 10608725 & 10614613 in the amount of FOUR THOUSAND

NINE HUNDRED FORTY SEVEN AND 00/100 Dollars (\$ 4,947.00)

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

14TH day of DECEMBER 20 11

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.

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

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 14TH 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 # 047234
OVERAGE _____
COPY _____
NON-COM _____
CLERK AW