

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

St. Catherine Hospital
4321 Fir Street
East Chicago, IN 46312

2011 044185

2011 AUG 17 AM 11:32

RELEASE OF HOSPITAL LIEN

MICHAEL D. FAJMAN
RECORDER

This is to certify that a certain claim by ST. CATHERINE HOSPITAL

Against

SEDGWICK CMS P.O. BOX 14439

LEXINGTON, KY. 40512 CL#301102043730001 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 25TH day of MAY 20 11

and recorded on the 6TH day of JUNE 20 11 (as instrument No.

01880483) (in Hospital Lien Book, Page 2011030670) 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 BERNARD BONCELA

Regarding Patient Account Number 01880483 in the amount of THREE THOUSAND

TEN DOLLARS AND 00/100 Dollars (\$ 3010.00)

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

29TH day of JULY 20 11

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

PATRICIA J. BOOYER
PATRICIA J. BOOYER-PATIENT FINANCIAL SERVICES

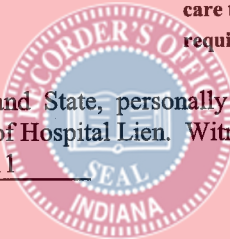
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 29TH Day of JULY 20 11

My Commission Expires: 02/14/17

Residing in Lake County, Indiana



Lisa E. Ward

LISA E. WARD, Notary Public

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK # 0451635
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS