

FILED FOR RECORD
LAKE COUNTY
FILED FOR RECORD

2011 045943

2011 AUG 24 AM 10:40

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 AMERIPRISE AUTO INSURANCE 3500 PACKERLAND DRIVE

DE PERE, WI. 54115 CL#A101183856 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18TH day of MAY 20 10

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

10539476) (in Hospital Lien Book, Page 2010034217) 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 DUSANKA KLJAJICH

Regarding Patient Account Number 10539476 in the amount of THREE HUNDRED

EIGHTY NINE DOLLARS & 00/100 Dollars (\$ 389.00)

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

9TH day of AUGUST 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 9TH Day of AUGUST 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 # 045800
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS