

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 041906

2012 JUN 26 AM 8: 52

MICHAEL J. FAJMAN
RECORDER
St. Catherine Hospital
4321 Fir Street
East Chicago, IN 46312

RELEASE OF HOSPITAL LIEN

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

Against FOUNDERS INSURANCE P.O. BOX 5100

DES PLAINES, IL 60017 CL#1000043365 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15TH day of February 20 12

and recorded on the 29TH day of February 20 12 (as instrument No.

7000027745) (in Hospital Lien Book, Page 2012014369) 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 RODNEY DAUMER

Regarding Patient Account Number 7000027745 in the amount of SEVEN THOUSAND

TWO HUNDRED FIFTY SIX AND 33/100 Dollars (\$ 7,256.33)

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

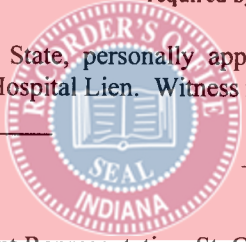
19TH day of JUNE 20 12

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

Alison Adams
ALISON ADAMS-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 ALISON ADAMS who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 19TH Day of JUNE 20 12

My Commission Expires: 02/14/17
Residing in Lake County, Indiana



Lisa E. Ward
LISA E. WARD, Notary Public

This instrument was prepared by ALISON ADAMS, Patient Representative, St. Catherine Hospital.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 049186
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY S