

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 041908

2012 JUN 26 AM 8: 52

MICHAEL I. CAJMAN  
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 HARTFORD INSURANCE PO BOX 14268

LEXINGTON, KY CL#PA0010320764 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 23<sup>RD</sup> day of February 20 12

and recorded on the 6<sup>TH</sup> day of MARCH 20 12 (as instrument No.

7000019755 ) (in Hospital Lien Book, Page 2012015782 ) 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 ELVA SAHAGUN

Regarding Patient Account Number 7000019755 in the amount of NINE THOUSAND

SEVEN HUNDRED FORTY NINE AND 94/100 Dollars (\$ 9,749.94 )

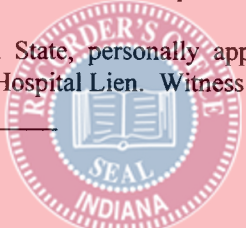
the Recorder is hereby authorized to release said lien solely as to the above described party this

19<sup>TH</sup> 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 19<sup>TH</sup> 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# 049184  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY S