

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 041909

2012 JUN 26 AM 8:52

MICHAEL J. FAHIAN
RECORDER
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 AMERICAN FAMILY INSURANCE 6000 AMERICAN PKWY.

MADISON, WI 53791 CL#005416445380414 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7TH day of MARCH 20 12

and recorded on the 16TH day of MARCH 20 12 (as instrument No.

1000168194) (in Hospital Lien Book, Page 2012018900) 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 WILLIAM MULLINS

Regarding Patient Account Number 1000168194 in the amount of SIX THOUSAND

ONE HUNDRED EIGHT AND 32/100 Dollars (\$ 6,108.32)

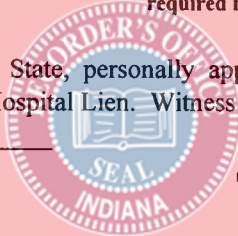
the Recorder is hereby authorized to release said lien solely as to the above described party this

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. Mary Medical Center.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 049184
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS