

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 041921

2012 JUN 26 AM 8:52

MICHAEL HAJMAN
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 STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#14-093C-028 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14TH day of MARCH 20 12

and recorded on the 27TH day of MARCH 20 12 (as instrument No.

700055902) (in Hospital Lien Book, Page 2012020949) 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 JOEL TAYLOR

Regarding Patient Account Number 7000055902 in the amount of ELEVEN THOUSAND

FOURTEEN AND 84/100 Dollars (\$ 11,014.84)

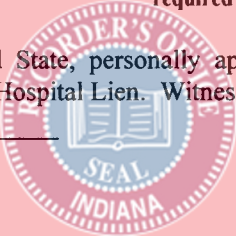
the Recorder is hereby authorized to release said lien solely as to the above described party this

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 SS