

2012 052702

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 AUG -7 AM 10:56

MIC. RECORDED
J. FAJMAN
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 53783 CL#00541594147 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21ST day of October 20 09

and recorded on the 4TH day of November 20 09 (as instrument No.

10437494) (in Hospital Lien Book, Page 2009073422) 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 JOHN RENEHAN

Regarding Patient Account Number 10437494 in the amount of FIFTEEN THOUSAND

ONE HUNDRED SEVEN AND 45/100 Dollars (\$ 15,107.45)

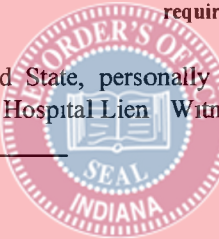
the Recorder is hereby authorized to release said lien solely as to the above described party this

31ST day of JULY 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 31ST Day of JULY 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 \$ 122
CASH _____ CHARGE 049652
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK AW