

2012 052715

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 AUG -7 AM 10: 57

RECORDER
LAJMAN
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 ALLSTATE INSURANCE PO BOX 440519

KENNESAW, GA 30160 CL#0145135612 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 2ND day of September 20 09

and recorded on the 9TH day of September 20 09 (as instrument No

10439256) (in Hospital Lien Book, Page 2009061892) 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 MIRJANA KUZMANOVA

Regarding Patient Account Number 10439256 in the amount of FIVE THOUSAND

TWENTY TWO AND 00/100 Dollars (\$ 5,022.00)

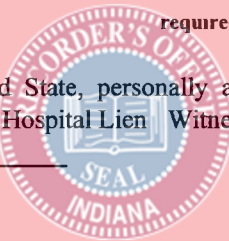
the Recorder is hereby authorized to release said lien solely as to the above described party this

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 \$ 1200
CASH _____ CHARGE _____
CHECK # 049652
OVERAGE _____
COPY _____
NON-COM _____
CLERK NW