

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 052722

2012 AUG - 7 AM 10: 57

MICHAEL FAJMAN  
RECORDED  
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 FARM BUREAU INSURANCE 3586 N HOBART ROAD

HOBART, IN 46342 CL#1191872 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 28<sup>TH</sup> day of JULY 20 09

and recorded on the 5<sup>TH</sup> day of August 20 09 (as instrument No

10423703 ) (in Hospital Lien Book, Page 2009054088 ) 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 CLAUDIE SOWERS

Regarding Patient Account Number 10423703 in the amount of FOURTEEN THOUSAND

SIX HUNDRED SEVENTY TWO AND 00/100 Dollars (\$ 14,672.00 )

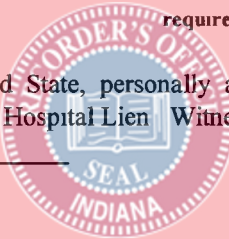
the Recorder is hereby authorized to release said lien solely as to the above described party this

31<sup>ST</sup> 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 31<sup>ST</sup> 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 \$ 12<sup>00</sup>  
CASH \_\_\_\_\_ CHARGE 049452  
CHECK # \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK LN