

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 058570

2012 AUG 28 AM 11:51

MICHELLE R. FAJMAN
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

WESTFIELD INSURANCE 1644 E. DAY ROAD

MISHAWAKA, IN 46545 CL#CWP4912183

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

17TH day of JULY 20 12

and recorded on the

24TH day of JULY 20 12 (as instrument No.

7000061222

) (in Hospital Lien Book, Page 2012049108) 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 GRIGORIADIS

Regarding Patient Account Number 7000061222 in the amount of THIRTY ONE

THOUSAND SIX HUNDRED TWENTY SIX AND 75/100

Dollars (\$ 31,626.75)

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

21ST day of AUGUST 20 12

(STATE OF INDIANA)

() SS:

(COUNTY OF LAKE)

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 21ST Day of AUGUST 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# 049929
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY S