

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 058572

2012 AUG 28 AM 11:51

MICHELLE R. FAJMAN  
RECORDER

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 HARLEYSVILLE INSURANCE PO BOX 198

HARLEYSVILLE, PA 19438 CL#W1052460 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 23<sup>RD</sup> day of February 20 12

and recorded on the 6<sup>TH</sup> day of MARCH 20 12 (as instrument No.

1000163330 ) (in Hospital Lien Book, Page 2012015788 ) 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 JAMES MENY

Regarding Patient Account Number 1000163330 in the amount of FIFTY THOUSAND

THREE HUNDRED SEVENTY AND 15/100 Dollars (\$ 50,370.15 )

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

21<sup>ST</sup> day of AUGUST 20 12

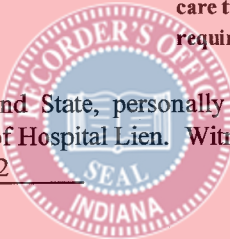
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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 21<sup>ST</sup> 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. Mary Medical Center.

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 049929  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SS