

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 058579

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 STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266-1011 CL#14-006X-157 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 9TH day of JUNE 20 11

and recorded on the 23RD day of JUNE 20 11 (as instrument No.

1000009859) (in Hospital Lien Book, Page 2011034130) 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 RICHARD PIATEK

Regarding Patient Account Number 1000009859 in the amount of TWO THOUSAND

FIVE HUNDRED TWENTY FIVE AND 00/100 Dollars (\$ 2,525.00)

(TOTAL BILL IS \$7,467.00-\$4,942.00 ALLSTATE MED PAY PYMT=\$2,525.00)

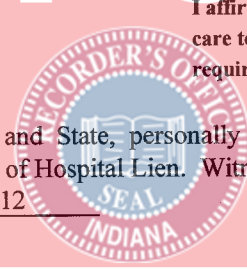
the Recorder is hereby authorized to release said lien solely as to the above described party this

21ST day of AUGUST 20 12

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

Alison Adams
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. Mary Medical Center.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 044929
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS