

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 058582

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 FARM BUREAU INSURANCE 1703 E. 37<sup>TH</sup> AVENUE

HOBART, IN 46342 CL#7110263 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 22<sup>ND</sup> day of JUNE 20 11

and recorded on the 29<sup>TH</sup> day of JUNE 20 11 (as instrument No.

1000053274 ) (in Hospital Lien Book, Page 2011035399 ) 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 MARY DELUNA

Regarding Patient Account Number 1000053274 in the amount of FOUR THOUSAND

EIGHT HUNDRED EIGHTY SIX AND 00/100 Dollars (\$ 4,886.00 )

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

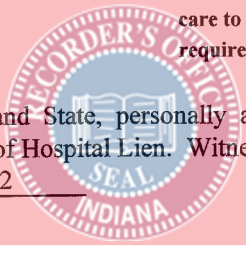
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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# 049919  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SP