

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012-058592

2012 AUG 28 AM 11:51

MICHELLE D. 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 INDIANA INSURANCE COMPANY PO BOX 7046

INDIANAPOLIS, IN 46207 CL#22097128 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 3<sup>RD</sup> day of AUGUST 20 11

and recorded on the 17<sup>TH</sup> day of AUGUST 20 11 (as instrument No.

1000055655 ) (in Hospital Lien Book, Page 2011044202 ) 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 CHARLENE M. NORKUS

Regarding Patient Account Number 1000055655 in the amount of TWO THOUSAND

EIGHT HUNDRED THREE AND 00/100 Dollars (\$ 2,803.00 )

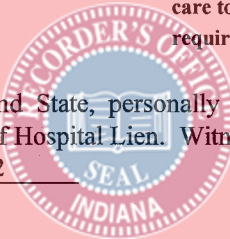
the Recorder is hereby authorized to release said lien solely as to the above described party this

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# 049929  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SP