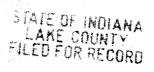
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St. Mary Medical Center 1500 S. Lake Park Ave. Hobart, IN 46342

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. MARY MEDICAL CENTER

Against	AMERICAN FAMILY MUTUAL INS. 6000 AMERICAN PKWY
MADISON, WI 53783 CL#541629892	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	day of AUGUST 2011
and recorded on the 6^{TH} day of Septem	ber 20 11 (as instrument No.
1000050625) (in Hospital Lien Book, Pa	age 2011048815) 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 DEBORAH E. W	UBURFICIAL!
Regarding Patient Account Number Docum	10000506251e in the amount of of TWO THOUSAND
EIGHT HUNDRED EIGHT AND 00/100 the Lake	County Recorder! 2,808.00
the Recorder is hereby authorized to release said lien solely as to the above described party this	
21 ST day of AUGUST 20 12	
	Clisa Chans
(STATE OF INDIANA)	Alison Adams – PATIENT FINANCIAL SUPPORT I affirm under the penalties for perjury, that I have taken reasonable
(COUNTY OF LAKE)	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 this 21 ST Day of AUGUST 20 12	Hospital Lien. Witness myhand and Notarial Seal
My Commission Expires: <u>02/14/17</u> Residing in Lake County, Indiana	Lisa E. Ward, Notary Public
This instrument was prepared by Alison Adams, Patient Representative, St. Mary Medical Center.	
	AMOUNT \$ /2-
	CASHCHARGE CHECK#_049929
	OVERAGE
	COPY
	NON CONE