

2012 061343

2012 SEP 11 PM 12:41

MICHELLE 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

SPECIALTY RISK SERVICES PO BOX 14155

LEXINGTON, KY 40512 CL#YKZ92430L

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30TH day of November 20 11

and recorded on the 12TH day of December 20 11 (as instrument No.

1000127355) (in Hospital Lien Book, Page 2011071623) 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 ROY PEELER

Regarding Patient Account Number 1000127355 in the amount of FOUR THOUSAND

SEVEN HUNDRED FOURTEEN AND 56/100 Dollars (\$ 4,223.00)

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

28TH 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 28TH 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# 049283
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY →