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MICHELLE D. FAJMAN  
RECORDER

St. Catherine Hospital  
4321 Fir Street  
East Chicago, IN 46312

**RELEASE OF HOSPITAL LIEN**

*This is to certify that a certain claim by ST. CATHERINE HOSPITAL*

Against SCOTTSDALE INSURANCE PO BOX 4110

SCOTTSDALE, AZ 85261 CL#DOA 10/02/11 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 16<sup>TH</sup> day of November 20 11

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

7000020294 ) (in Hospital Lien Book, Page 2011067647 ) 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 ESPERANZA MONTEMAYOR

Regarding Patient Account Number 7000020294 in the amount of EIGHTEEN THOUSAND

ONE HUNDRED SIXTY SIX AND 84/100 Dollars (\$ 18,166.84 )

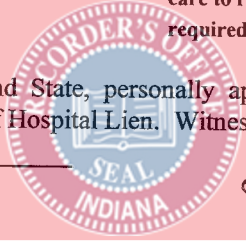
the Recorder is hereby authorized to release said lien solely as to the above described party this

28<sup>TH</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 28<sup>TH</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. Catherine Hospital.

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 049983  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONE \_\_\_\_\_  
DEPUTY SS