

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 061351

2012 SEP 11 PM 12:41

MICHAEL 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 MET LIFE INSURANCE PO BOX 410450

CHARLOTTE, NC 28241 CL#SLD19763GD in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15<sup>TH</sup> day of February 20 12

and recorded on the 29<sup>TH</sup> day of February 20 12 (as instrument No.

1000117287 ) (in Hospital Lien Book, Page 2012014384 ) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

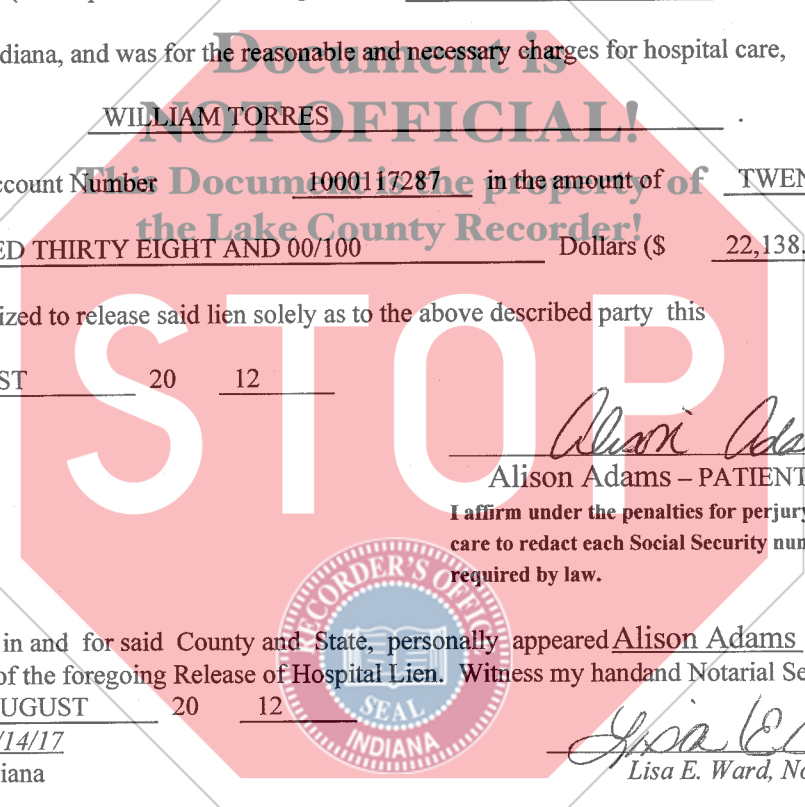
treatment and maintenance of WILLIAM TORRES

Regarding Patient Account Number 1000117287 in the amount of TWENTY TWO

THOUSAND ONE HUNDRED THIRTY EIGHT AND 00/100 Dollars (\$ 22,138.00 )

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. Mary Medical Center.

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 049983  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY →