

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 067192

2012 SEP 24 PM 1:47

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

FOUNDERS INSURANCE CO. PO BOX 5100

DES PLAINES, IL 60018 CL#0409000810

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 24TH day of February 20 09

and recorded on the 3RD day of MARCH 20 09 (as instrument No.

10360262) (in Hospital Lien Book, Page 2009013359) 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 DENNIS BEST SR.

Regarding Patient Account Number 10360262 in the amount of FIVE THOUSAND

ONE HUNDRED EIGHTY ONE AND 00/100 Dollars (\$ 5,181.00)

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

18TH day of September 20 12

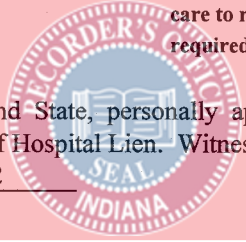
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 18TH Day of September 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 \$ 12⁰⁰
CASH _____ CHARGE _____
CHECK # 050210
OVERAGE _____
COPY _____
NON-COM _____
CLERK Rm