

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 086811

2012 DEC 10 PM 1:28

WILLIAM
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 HARTFORD INSURANCE PO BOX 68941

INDIANAPOLIS, IN 46268 CL#PA7639042 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 17TH day of APRIL 20 08

and recorded on the 5TH day of MAY 20 08 (as instrument No
30028259

30028606) (in Hospital Lien Book, Page 2008033176) 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 JUAN MARTINEZ

Regarding Patient Account Number 30028259
30028606 in the amount of TWO THOUSAND

FIVE HUNDRED TEN AND 00/100 Dollars (\$ 2,510 00)

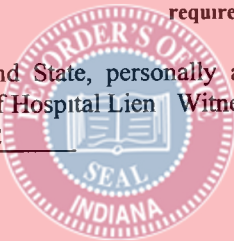
the Recorder is hereby authorized to release said lien solely as to the above described party this

4TH day of December 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 4TH Day of December 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 # 05110
OVERAGE _____
COPY _____
NON-COM _____
CLERK §