

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 088681

2012 DEC 17 AM 11:42

MICHELLE T. 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 STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#14-2073-009 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 16TH day of January 20 07

and recorded on the 26TH day of January 20 07 (as instrument No.

01516917) (in Hospital Lien Book, Page 2007007764) 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 JESSIE ROYAL

Regarding Patient Account Number 01516917 in the amount of FIVE THOUSAND

TWO HUNDRED SEVENTY AND 70/100 Dollars (\$ 5,270.70)

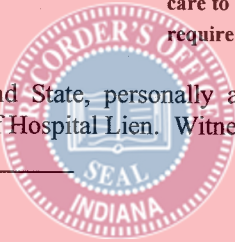
the Recorder is hereby authorized to release said lien solely as to the above described party this

11TH 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 11TH 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# 051195
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS