

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 017001

2013 MAR -6 AM 10:46

MICHAEL B. BROWN  
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 CHURCH MUTUAL INSURANCE PO BOX 342

MERRILL, WI 54452 CL#1194911 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15<sup>TH</sup> day of January 20 13

and recorded on the 22<sup>ND</sup> day of January 20 13 (as instrument No.

1000306872 ) (in Hospital Lien Book, Page 2013005751 ) 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 ROSE THOMAS

Regarding Patient Account Number 1000306872 in the amount of TWENTY EIGHT

THOUSAND ONE HUNDRED THIRTY FOUR AND 23/100 Dollars (\$ 28,134.23 )

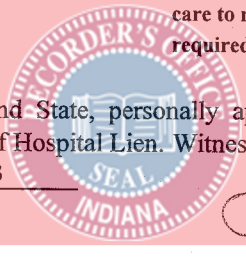
the Recorder is hereby authorized to release said lien solely as to the above described party this

26<sup>TH</sup> day of February 20 13

(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 26<sup>TH</sup> Day of February 20 13  
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# 052057  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY 8