

2013 017004

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

ALLSTATE INSURANCE PO BOX 440519

KENNESAW, GA 30160 CL#0249478736

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 10TH day of JULY 20 12

and recorded on the 16TH day of JULY 20 12 (as instrument No.

1000227606) (in Hospital Lien Book, Page 2012046617) 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 JOHN MORAN

Regarding Patient Account Number 1000227606 in the amount of FIVE THOUSAND

SEVEN HUNDRED THIRTY TWO AND 16/100 Dollars (\$ 5,732.16)

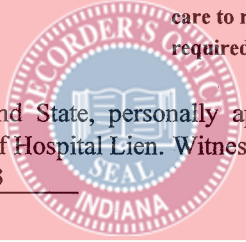
the Recorder is hereby authorized to release said lien solely as to the above described party this

26TH 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 26TH 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 88