

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 017005

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

STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#14-197X703

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 23<sup>RD</sup> day of October 20 12

and recorded on the 30<sup>TH</sup> day of October 20 12 (as instrument No.

1000275801 ) (in Hospital Lien Book, Page 2012076741 ) 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 SYLVIA TORRES

Regarding Patient Account Number 1000275801 in the amount of THIRTEEN THOUSAND

THREE HUNDRED SIX AND 21/100 Dollars (\$ 13,306.21 )

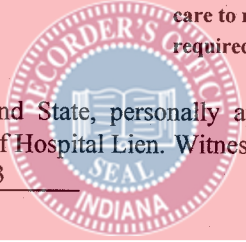
the Recorder is hereby authorized to release said lien solely as to the above described party this

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 SS