

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 018013

2013 MAR 11 AM 11:36

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#1196650 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 22ND day of January 20 13

and recorded on the 29TH day of January 20 13 (as instrument No.

1000302566) (in Hospital Lien Book, Page 2013007334) 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 AUDREY A. MILLER

Regarding Patient Account Number 1000302566 in the amount of THIRTY THREE

THOUSAND FOUR HUNDRED FIFTY ONE AND 28/100 Dollars (\$ 33,451.28)

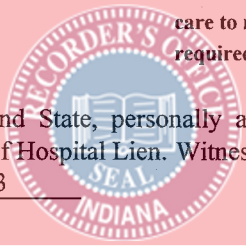
the Recorder is hereby authorized to release said lien solely as to the above described party this

6TH day of MARCH 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 6TH Day of MARCH 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# 052132
OVERAGE
COPY
NON-CONF
DEPUTY SB