

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 022114

2013 MAR 26 AM 8:56

MICHAEL D. BROWN
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 FIRST BAPTIST CHURCH OF HAMMOND 507 STATE

STREET HAMMOND, IN 46320 CL#358767951 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 12TH day of February 20 13

and recorded on the 22ND day of February 20 13 (as instrument No.

7000133056) (in Hospital Lien Book, Page 2013014196) 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 LUIS URUCHIMA

Regarding Patient Account Number 7000133056 in the amount of FIFTEEN THOUSAND

FOUR HUNDRED SEVENTY SEVEN AND 96/100 Dollars (\$ 15,477.96)

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

19TH 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 19TH 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. Catherine Hospital.

AMOUNT \$ 12⁰⁰
CASH _____ CHARGE _____
CHECK # 05 2300
OVERAGE _____
COPY _____
NON-COM _____
CLERK AN