

2013 030651

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 APR 30 PM 2:52

St. Mary Medical Center
1500 S. Lake Park Ave.
Hobart, IN 46342

MICHAEL J. BROWN
RECORDED

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. MARY MEDICAL CENTER

Against

PROGRESSIVE INSURANCE PO BOX 512926

LOS ANGELES, CA 900510 CL#121935963

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14TH day of August 20 12

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

1000245842) (in Hospital Lien Book, Page 2012055985) 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 KURT FALKENBERG

Regarding Patient Account Number 1000245842 in the amount of SIX THOUSAND

SIX HUNDRED SEVENTY ONE AND 58/100 Dollars (\$ 6,671.58)

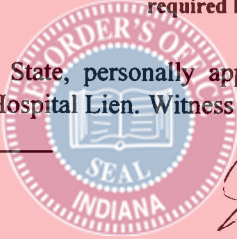
the Recorder is hereby authorized to release said lien solely as to the above described party this

23RD day of APRIL 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 23RD Day of APRIL 20 13
My Commission Expires: 08/15/14
Residing in Lake County, Indiana



Gayle Brumley
GAYLE BRUMLEY, Notary Public

This instrument was prepared by Alison Adams, Patient Representative, St. Mary Medical Center.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 052712
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS