

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 036255

2013 MAY 20 PM 2:20

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 30160-9821 CL#002734643 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 28TH day of MARCH 20 12

and recorded on the 2ND day of APRIL 20 12 (as instrument No.

1000183244) (in Hospital Lien Book, Page 2012022379) 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 JOSE BURGOS

Regarding Patient Account Number 1000183244 in the amount of TEN THOUSAND

EIGHT HUNDRED FORTY ONE AND 73/100 Dollars (\$ 10,841.73)

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

14TH day of MAY 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 14TH Day of MAY 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 # 052965
OVERAGE _____
COPY _____
NON-COM _____
CLERK cr