

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 041077

2013 JUN -5 AM 9:12

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 INDIANA INSURANCE PO BOX 515097

LOS ANGELES, CA 90051 CL#305160050 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 16TH day of APRIL 20 13

and recorded on the 2ND day of MAY 20 13 (as instrument No.

1000349004) (in Hospital Lien Book, Page 2013031177) 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 GRACE W. HAN

Regarding Patient Account Number 1000349004 in the amount of TWENTY EIGHT

THOUSAND EIGHT HUNDRED TWELVE AND 47/100 Dollars (\$ 28,812.47)

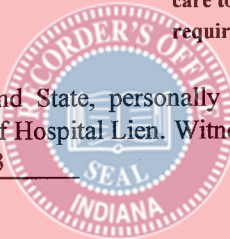
the Recorder is hereby authorized to release said lien solely as to the above described party this

28TH 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 28TH 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# 053121
OVERAGE
COPY
NON-CONE
DEPUTY SS