

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 048026

2013 JUL -2 AM 8:43

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

ALLSTATE INSURANCE PO BOX 440519

KENNESAW, GA 30160 CL#0230276453

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 4TH day of January 20 12

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

1000146632) (in Hospital Lien Book, Page 2012003887) 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 DENEDRA ROBINSON


Regarding Patient Account Number 1000146632 in the amount of TWO THOUSAND

FIFTY SEVEN AND 80/100 Dollars (\$ 2,057.80)

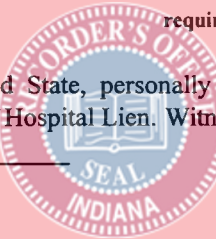
the Recorder is hereby authorized to release said lien solely as to the above described party this

25TH day of JUNE 20 13

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)


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 25TH Day of JUNE 20 13
My Commission Expires: 02/14/17
Residing in Lake County, Indiana




Lisa E. Ward, Notary Public

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

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 053440
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS