

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 049470

2013 JUL -9 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 FARMERS INSURANCE 10 W. 106TH STREET
INDIANAPOLIS, IN 46206 CL#01-1026651 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7TH day of MARCH 20 12
and recorded on the 16TH day of MARCH 20 12 (as instrument No.
1000141922) (in Hospital Lien Book, Page 2012018899) 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 RANDI PELCZAR

Regarding Patient Account Number 1000141922 in the amount of NINE THOUSAND

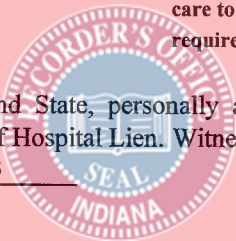
SIX HUNDRED TWENTY FOUR AND 90/100 Dollars (\$ 9,624.90)

the Recorder is hereby authorized to release said lien solely as to the above described party this
2ND day of JULY 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 2ND Day of JULY 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 # 053523
OVERAGE _____
COPY _____
NON-COM _____
CLERK AW