

2013 049473

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 JUL -9 AM 9: 13

MICHAEL J. SWAN
RECORDER
St. Catherine Hospital
4311 E. Street
East Chicago, IN 46312

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by ST. CATHERINE HOSPITAL

Against CNA INSURANCE PO BOX 8317

CHICAGO, IL 60680 CL#EKA 17997 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 9TH day of APRIL 20 13

and recorded on the 22ND day of APRIL 20 13 (as instrument No.

7000165403) (in Hospital Lien Book, Page 2013028450) 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 JOHNNY BERRY JR.

Regarding Patient Account Number 7000165403 in the amount of THIRTY THREE

THOUSAND TWO HUNDRED FIFTY SEVEN AND 08/100 Dollars (\$ 33,257.08)

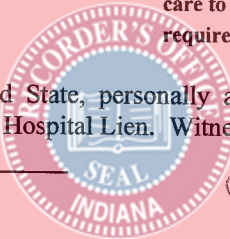
the Recorder is hereby authorized to release said lien solely as to the above described party this

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. Catherine Hospital.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 653523
OVERAGE _____
COPY _____
NON-COM _____
CLERK nm