

2013 052473

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 JUL 17 PM 12:58

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 FARM BUREAU PO BOX 6497

INDIANAPOLIS, IN 46206 CL#4520020715 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 27<sup>TH</sup> day of NOVEMBER 20 12

and recorded on the 4<sup>TH</sup> day of DECEMBER 20 12 (as instrument No.

1000289940 ) (in Hospital Lien Book, Page 2012085289 ) 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 DANIEL DURAN

Regarding Patient Account Number 1000289940 in the amount of THIRTEEN THOUSAND

ONE HUNDRED FIFTY TWO AND 13/100 Dollars (\$ 13,152.13 )

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

10<sup>TH</sup> 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 10<sup>TH</sup> 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# 053640  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SS