

2013 053430

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 JUL 22 PM 1:16

MICHAEL B. BEAUVIN
RECORDER
St. Mary Medical Center
500 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

STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#14-4010-166

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 8TH day of February 20 12

and recorded on the 29TH day of February 20 12 (as instrument No.

1000102502) (in Hospital Lien Book, Page 2012014333) 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 LULA LEWIS

Regarding Patient Account Number 1000102502 in the amount of FOUR THOUSAND

FIFTY ONE AND 00/100 Dollars (\$ 4,051.00)

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

16TH day of JULY 20 13

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

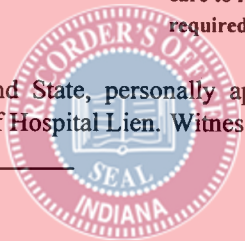
Alison Adams

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 16TH 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 # 053795
OVERAGE _____
COPY _____
NON-COM _____
CLERK OA