

2013 053434

2013 JUL 22 PM 1:16

MICHAEL B. BROWN  
RECORDER

St. Catherine Hospital  
4321 Fir Street  
East Chicago, IN 46312

**RELEASE OF HOSPITAL LIEN**

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

Against SECURA INSURANCE PO BOX 819  
APPLETON, WI 54915 CL#C0022427 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7<sup>TH</sup> day of MARCH 20 12  
and recorded on the 16<sup>TH</sup> day of MARCH 20 12 (as instrument No.  
7000054099) (in Hospital Lien Book, Page 2012018913) 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 DONALD SURBER

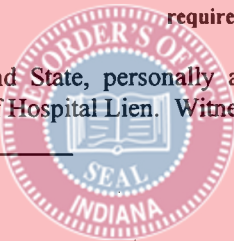
Regarding Patient Account Number 7000054099 in the amount of SEVEN THOUSAND  
NINE HUNDRED EIGHTY AND 37/100 Dollars (\$ 7,980.37)

the Recorder is hereby authorized to release said lien solely as to the above described party this  
16<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 16<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. Catherine Hospital.

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 053745  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK per