

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 053436

2013 JUL 22 PM 1:17

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

STATE AUTO INSURANCE PO BOX 2966

CLINTON, IA 52733 CL#REYN-0071827-111812B

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 19<sup>TH</sup> day of February 20 13

and recorded on the 27<sup>TH</sup> day of February 20 13 (as instrument No.

1000293191 ) (in Hospital Lien Book, Page 2013015370 ) 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 CYNTHIA REYNOLDS

Regarding Patient Account Number 1000293191 in the amount of SIX THOUSAND

FOUR HUNDRED FIFTY FOUR AND 73/100 Dollars (\$ 6,454.73 )

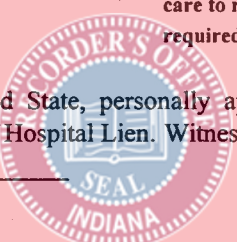
the Recorder is hereby authorized to release said lien solely as to the above described party this

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. Mary Medical Center.

AMOUNT \$ 125  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 053745  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK AS