

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 057478

2013 AUG -5 PM 3:18

MICHAEL J. ...
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

ERIE INSURANCE COMPANY PO BOX 9326

FORT WAYNE, IN 46804 CL#010620146778/AUTO

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

13TH day of JUNE 20 12

and recorded on the

19TH day of JUNE 20 12 (as instrument No.

1000217630

) (in Hospital Lien Book, Page 2012040274) 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

KATIE LERCH

Regarding Patient Account Number

1000217630

in the amount of

THIRTEEN THOUSAND

THREE HUNDRED SIXTEEN AND 33/100

Dollars (\$

13,316.33

)

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

30TH day of JULY 20 13

(STATE OF INDIANA)

() SS:

(COUNTY OF LAKE)

Alison Adams

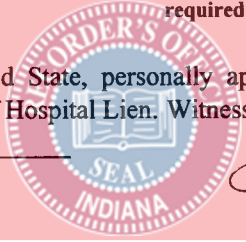
Alison Adams - PATIENT FINANCIAL SUPPORT

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 30TH 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# 053932
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS