

2013 089118

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 DEC -4 AM 9:44

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

HARLEYSVILLE INSURANCE PO BOX 244

HARLEYSVILLE, PA 19438 CL#W1053631-002UM

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.

1000166857 ) (in Hospital Lien Book, Page 2012018907 ) 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 STEVEN CARTAGENA

Regarding Patient Account Number 1000166857 in the amount of FOUR THOUSAND

FOUR HUNDRED EIGHTY FIVE AND 74/100 Dollars (\$ 4,485.74 )

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

5<sup>TH</sup> day of November 20 13

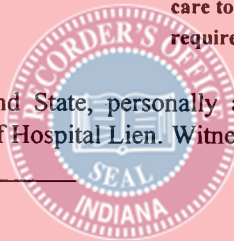
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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 5<sup>TH</sup> Day of November 20 13  
My Commission Expires: 08/15/2014  
Residing in Lake County, Indiana



*Gayle Brumley*  
GAYLE BRUMLEY, Notary Public

This instrument was prepared by Alison Adams, Patient Representative, St. Mary Medical Center.

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 055383  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK RV