

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 089119

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

OMNI INSURANCE PO BOX 3001

PLYMOUTH MEETING, PA 19462 CL#2011-72487-C

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7TH day of MARCH 20 12

and recorded on the 16TH day of MARCH 20 12 (as instrument No.

1000114838) (in Hospital Lien Book, Page 2012018902) 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 JENNIFER MACK

Regarding Patient Account Number 1000114838 in the amount of TWO THOUSAND

EIGHT HUNDRED EIGHT AND 00/100 Dollars (\$ 2,808.00)

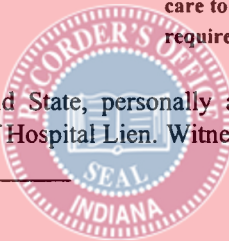
the Recorder is hereby authorized to release said lien solely as to the above described party this

5TH 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 5TH 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 _____ Rn