

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 089122

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 FARM BUREAU INSURANCE PO BOX 6497

INDIANAPOLIS, IN 46206 CL#7113428 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15TH day of February 20 12

and recorded on the 29TH day of February 20 12 (as instrument No.

1000157406) (in Hospital Lien Book, Page 2012014383) 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 JOSEPH NOVEROSKE

Regarding Patient Account Number 1000157406 in the amount of EIGHTEEN THOUSAND

AND 18/100 Dollars (\$ 18,000.18)

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

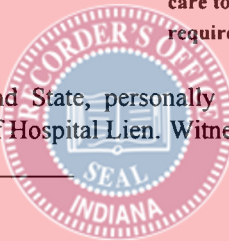
5TH day of November 20 13

(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 RM