

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 091783

2013 DEC 17 AM 8:37

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 AMERICAN FREEDOM 559 W GOLF RD
ALINGTON HEIGHTS, IL 60005 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 29TH day of OCTOBER 20 13

and recorded on the 5TH day of November 20 13 (as instrument No.

1000407870) (in Hospital Lien Book, Page 2013081668) 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 JERRY A. NOVETSKE

Regarding Patient Account Number 1000407870 in the amount of FOUR THOUSAND

FIVE HUNDRED EIGHT SIX AND 40/100 Dollars (\$ 4,586.40)

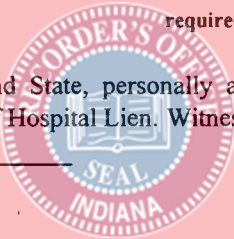
the Recorder is hereby authorized to release said lien solely as to the above described party this

10TH day of December 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 10th Day of December 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.

12.00
55860
PP