

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 001933

2014 JAN 14 PM 1:00

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 CINCINNATI INSURANCE COMPANY PO BOX 14596

CINCINNATI, OH 45250 CL#2058658 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 22<sup>ND</sup> day of OCTOBER 20 13

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

1000428258 ) (in Hospital Lien Book, Page 2013081672 ) 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 DODRILL

Regarding Patient Account Number 1000428258 in the amount of FIVE THOUSAND

FIVE HUNDRED NINETEEN AND 96/100 Dollars (\$ 5,519.96 )

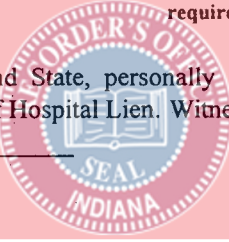
the Recorder is hereby authorized to release said lien solely as to the above described party this

31<sup>ST</sup> 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 31<sup>ST</sup> 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.

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 056134  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK CM