

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006996

2014 FEB -5 PM 12: 21

MICHAEL B. BROWNE
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 METLIFE AUTO & HOME PO BOX 410450

CHARLOTTE, NC 28241 CL#SLD59760GA in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 26TH day of February 20 13

and recorded on the 6TH day of MARCH 20 13 (as instrument No.

1000331134) (in Hospital Lien Book, Page 2013017007) 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 RICHARD BETTIN

Regarding Patient Account Number 1000331134 in the amount of FIVE THOUSAND

TWO HUNDRED NINETY SIX AND 00/100 Dollars (\$ 5,296.00)

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

28TH day of January 20 14

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.

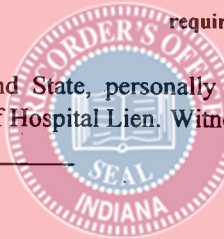
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 28TH Day of January 20 14

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# 056485
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY S