

2014 006997

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 FEB -5 PM 12:21

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 FAMILY INSURANCE 6000 AMERICAN PKWY
MADISON, WI 53783-0001 CL#00655036478 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 3RD day of September 20 13
and recorded on the 9TH day of September 20 13 (as instrument No.
1000399261) (in Hospital Lien Book, Page 2013065912) 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 MICHAEL DAWSON

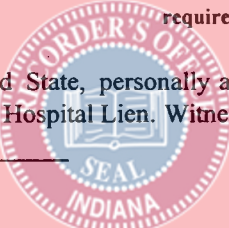
Regarding Patient Account Number 1000399261 in the amount of EIGHT THOUSAND
FOUR HUNDRED FORTY ONE AND 92/100 Dollars (\$ 8,441.92)

the Recorder is hereby authorized to release said lien solely as to the above described party this
28TH day of January 20 14

(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 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# 030485
OVERAGE _____
COPY _____
NON-CONE _____
DEPUTY S