

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029484

2014 MAY 22 AM 11:56

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

STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#14-213T889

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 19TH day of November 20 12

and recorded on the 27TH day of November 20 12 (as instrument No.

1000286708) (in Hospital Lien Book, Page 2012083314) 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 JOHNNY R. HERIDIA

Regarding Patient Account Number 1000286708 in the amount of SEVENTEEN THOUSAND

THREE HUNDRED SIX AND 22/100 Dollars (\$ 17,306.22)

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

12TH day of MAY 20 14

Alison Adams

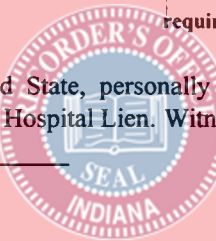
Alison Adams - PATIENT FINANCIAL SUPPORT

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 12TH Day of MAY 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# 037949
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS