

2014 029486

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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 BRISTOL WEST INS GROUP 9100 KEYSTONE CROSSING  
SUITE 325 INDIANAPOLIS, IN 46240 CL#200855440 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30<sup>TH</sup> day of JUNE 20 08  
and recorded on the 15<sup>TH</sup> day of JULY 20 08 (as instrument No.  
10265963 ) (in Hospital Lien Book, Page 2008050867 ) 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 ANDREW BEDOCS

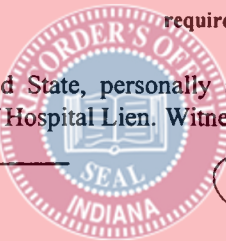
Regarding Patient Account Number 10265963 in the amount of THREE THOUSAND  
NINETY EIGHT AND 38/100 Dollars (\$ 3,098.38 )

the Recorder is hereby authorized to release said lien solely as to the above described party this  
12<sup>TH</sup> day of MAY 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 12<sup>TH</sup> 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# 057949  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY 8