

2014 029487

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 ALLSTATE INSURANCE CO. PO BOX 440519

KENNESAW, GA 30160 CL#5560647397 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30TH day of JUNE 20 08

and recorded on the 15TH day of JULY 20 08 (as instrument No.

10263638) (in Hospital Lien Book, Page 2008050864) 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 SCHAU

Regarding Patient Account Number 10263638 in the amount of TWO THOUSAND

THREE HUNDRED TWENTY FIVE AND 00/100 Dollars (\$ 2,325.00)

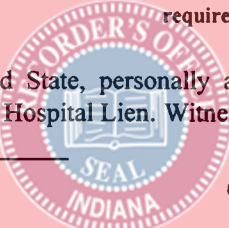
the Recorder is hereby authorized to release said lien solely as to the above described party this

12TH 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 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# 057879
OVERAGE
COPY
NON-CONF
DEPUTY