

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 029498

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

FARMERS INSURANCE GROUP PO BOX 268994

OKLAHOMA CITY, OK 73126 CL#1011862319-1-1

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

17<sup>TH</sup> day of JULY 20 08

and recorded on the

30<sup>TH</sup> day of JULY 20 08 (as instrument No.

10273522

) (in Hospital Lien Book, Page

2008054527

) 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

JOHNNIE PARKER

Regarding Patient Account Number

10273522

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

12<sup>TH</sup> day of

MAY

20

14

(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 12<sup>TH</sup> Day of MAY 20 14

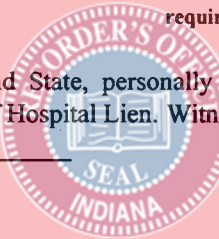
My Commission Expires: 02/14/17

Residing in Lake County, Indiana

*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.



*Lisa E. Ward*  
LISA E. WARD, Notary Public

This instrument was prepared by Alison Adams, Patient Representative, St. Mary Medical Center.

AMOUNT \$ 2  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 057449  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SS