

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 029500

2014 MAY 22 AM 11:57

MICHAEL B. BROWN  
RECORDER

St. Catherine Hospital  
4321 Fir Street  
East Chicago, IN 46312

**RELEASE OF HOSPITAL LIEN**

*This is to certify that a certain claim by ST. CATHERINE HOSPITAL*

Against STATE FARM INSURANCE PO BOX 2362

BLOOMINGTON, IL 61702 CL#14-2216-243 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 23<sup>RD</sup> day of JULY 20 08

and recorded on the 4<sup>TH</sup> day of August 20 08 (as instrument No.

01627794 ) (in Hospital Lien Book, Page 2008055251 ) 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 JOSE ARROYO

Regarding Patient Account Number 01627794 in the amount of SEVEN THOUSAND

FIVE HUNDRED FORTY FOUR AND 80/100 Dollars (\$ 7,544.80 )

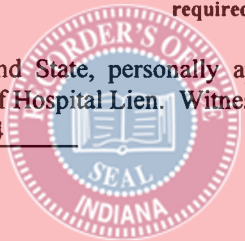
the Recorder is hereby authorized to release said lien solely as to the above described party this

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: 02/14/2017  
Residing in Lake County, Indiana



Lisa E. Ward  
Lisa E. Ward, Notary Public

This instrument was prepared by ALISON ADAMS, Patient Representative, St. Catherine Hospital.

AMOUNT \$ 12  
CASH CHARGE  
CHECK# 057949  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SS