

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 029504

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

HARTFORD INSURANCE PO BOX 68941

INDIANAPOLIS, IN 46268 CL#PA7639042

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

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

and recorded on the

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

30030509

) (in Hospital Lien Book, Page

2008053847

) 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

JUAN MARTINEZ

Regarding Patient Account Number

30030509

in the amount of

TWO THOUSAND

NINE HUNDRED FORTY SIX AND 00/100

Dollars (\$

2,946.00

)

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 )

*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.

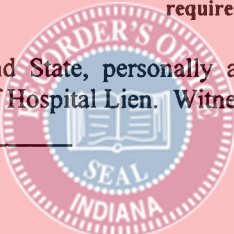
Before me, a Notary Public in and for said County and State, personally appeared ALISON ADAMS who

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