

2014 029517

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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 16TH day of October 20 08

and recorded on the 29TH day of October 20 08 (as instrument No.

30033251) (in Hospital Lien Book, Page 2008074383) 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 30033251 in the amount of ONE THOUSAND

ONE HUNDRED FIFTY TWO AND 00/100 Dollars (\$ 1,152.00)

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: 02/14/2017
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 SD