

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029522

2014 MAY 22 AM 11:57

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 PO BOX 440519

KENNESAW, GA 30160 CL#5560647397

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

18TH day of September 20 08

and recorded on the

29TH day of September 20 08 (as instrument No.

10285938

10297162

) (in Hospital Lien Book, Page 2008067397) 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

10285938

Regarding Patient Account Number

10297162

in the amount of

ONE THOUSAND

THREE HUNDRED SIXTY TWO AND 00/100

Lake County Recorder Dollars (\$

1,362.00)

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

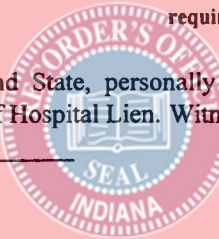
Alison Adams - PATIENT FINANCIAL SUPPORT

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# 057949
OVERAGE _____
COPY _____
NON-CONF S
DEPUTY _____