

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 030250

2014 MAY 27 PM 1:31

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 2363

BLOOMINGTON, IL 61702 CL#5377227B3013 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 20TH day of January 20 09

and recorded on the 30TH day of January 20 09 (as instrument No. 30036360

01688011) (in Hospital Lien Book, Page 2009005413) 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 NATALIE JONES

Regarding Patient Account Number 30036360 in the amount of FOUR THOUSAND

FIVE HUNDRED AND 00/100 Dollars (\$ 4,500.00)

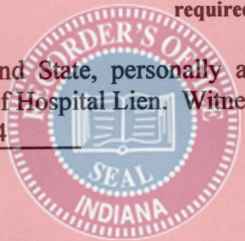
the Recorder is hereby authorized to release said lien solely as to the above described party this

19TH 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 19TH 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.

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