

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 030251

2014 MAY 27 PM 1:31

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#0135682797 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 19TH day of MAY 20 09
and recorded on the 22ND day of JUNE 20 09 (as instrument No.
10389438) (in Hospital Lien Book, Page 2009041958) 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 ARTHUR GUTIERREZ.

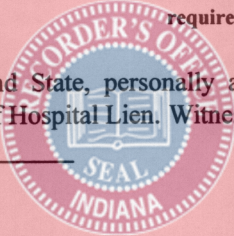
Regarding Patient Account Number 10389438 in the amount of FIVE THOUSAND
TWENTY TWO AND 00/100 Dollars (\$ 5,022.00)

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: 02/14/17
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.

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