

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 030258

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

INDIANA FARMERS INSURANCE PO BOX 527

INDIANAPOLIS, IN 46206 CL#01-322100

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

2ND day of December 20 09

and recorded on the 17TH day of December 20 09 (as instrument No.

10447507

10450160

) (in Hospital Lien Book, Page 2009083787) 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 SETH JONES

Regarding Patient Account Number

10447507

10450160

in the amount of

FIVE THOUSAND

FOUR HUNDRED NINETY SIX AND 00/100

Dollars (\$

5,496.00

)

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

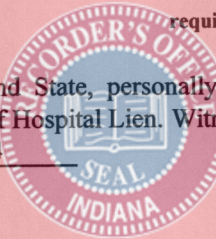
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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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