

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 030265

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

LIBERTY MUTUAL INSURANCE 2501 WILMINGTON ROAD

NEW CASTLE, PA 16105 CL#010231080-01

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 10<sup>TH</sup> day of December 20 08

and recorded on the 18<sup>TH</sup> day of December 20 08 (as instrument No.

10329839 ) (in Hospital Lien Book, Page 2008085404 ) 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 ESTHER LAVELLE

Regarding Patient Account Number 10329839 in the amount of THREE THOUSAND

FIVE HUNDRED THIRTY FOUR AND 59/100 Dollars (\$ 3,534.59 )

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

19<sup>TH</sup> 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 19<sup>TH</sup> 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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