

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 030266

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

TRAVELERS INSURANCE PO BOX 94918

CLEVELAND, OH 44101 CL#UFK7023

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

10TH day of December 20 08

and recorded on the

18TH day of December 20 08 (as instrument No.

10328181

) (in Hospital Lien Book, Page

2008085402

) 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 GEORGE BRASOVAN

Regarding Patient Account Number

10328181

in the amount of

FIVE THOUSAND

SIXTY SIX AND 00/100

Dollars (\$


5,066.00

)

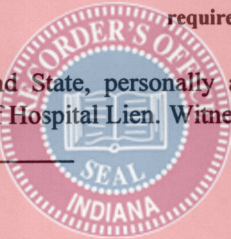
the Recorder is hereby authorized to release said lien solely as to the above described party this

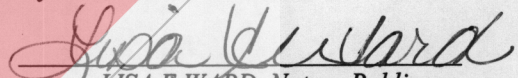
19TH day of MAY 20 14

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)


Alison Adams - 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, Notary Public

This instrument was prepared by Alison Adams, Patient Representative, St. Mary Medical Center.

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