

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 030271

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

AMERICAN FAMILY INSURANCE PO BOX 7093

INDIANAPOLIS, IN 46207 CL#00541537814

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

29TH day of October 20 08

and recorded on the 10TH day of November 20 08 (as instrument No. 10314334

10312805) (in Hospital Lien Book, Page 2008076623) 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 WAYNE STULL

Regarding Patient Account Number 10314334 in the amount of EIGHT THOUSAND

NINE HUNDRED THIRTY NINE AND 94/100 Dollars (\$ 8,939.94)

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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