

2014 081644

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 DEC 23 AM 11:15

MICHAEL L. 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

STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#14-232-0354

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.

10374081

) (in Hospital Lien Book, Page

2009041957

) 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

ANGELA KRETZ

Regarding Patient Account Number

10374081

in the amount of

TEN THOUSAND

FOUR HUNDRED EIGHTY SIX AND 88/100

Dollars (\$

10,486.88

)

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

16TH day of

December

20

14

(STATE OF INDIANA)

() SS:

(COUNTY OF LAKE)

Alison Adams

Alison Adams – PATIENT FINANCIAL SUPPORT

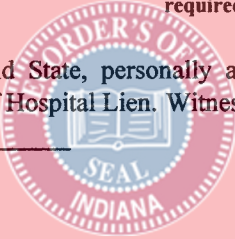
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 16TH Day of December 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.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 077748
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY S