

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 047633

2017 AUG -1 AM 10: 50

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

ALLSTATE INSURANCE PO BOX 2874

CLINTON, IA 52733 CL#912858686

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 24th day of APRIL 20 17

and recorded on the 8th day of MAY 20 17 (as instrument No.

1001790491) (in Hospital Lien Book, Page 2017027963) 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 DOMINIC STEVEN BERZINS

Regarding Patient Account Number 1001790491 in the amount of TWELVE THOUSAND

FOUR HUNDRED FORTY THREE AND 00/100 Dollars (\$ 12,443.00)

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

23rd day of JUNE 20 17

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



Heather R. Cooper
Heather R. Cooper - 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 Heather R. Cooper who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 23rd Day of JUNE 20 17
My Commission Expires: 02/14/25
Residing in Lake County, Indiana

Lisa E. Ward
LISA E. WARD, Notary Public

This instrument was prepared by Heather R. Cooper, Patient Representative, St. Mary Medical Center.

AMOUNT \$ 25 -
CASH CHARGE
CHECK# 850415
OVERAGE
COPY
NON-CONF
DEPUTY 88