

# NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2021-017690

9:52 AM 2021 Feb 28

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

HANOVER INSURANCE PO BOX 62409

IRVINE, CA 92602 CL# 19005136511

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

12TH day of NOVEMBER 20 19

and recorded on the

2ND day of DECEMBER 20 19

(as instrument No.

1002607760

Property of Lake County Recorder

) (in Hospital Lien Book, Page 2019-082351) 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 DEFANG JIANG

Regarding Patient Account Number

1002607760 in the amount of THIRTY SEVEN

THOUSAND FIVE HUNDRED FOURTEEN AND .65/100

Dollars (\$ 37,514.65 )

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

10TH day of FEBRUARY 20 21

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

Stacy M. Lulich  
STACY M. LULICH - 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 STACY M LULICH who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal

this 10TH Day of FEBRUARY 20 21

My Commission Expires: 02/14/23

Residing in Lake County, Indiana

Lisa E. Ward  
LISA E. WARD, Notary Public

This instrument was prepared by STACY M LULICH, Patient Representative, St. Mary Medical Center.



25  
100055704  
am

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## CERTIFICATE OF PROOF

WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached.

Samantha Bryak  
Witness Signature

Samantha Bryak  
Witness Printed Name

PROOF:

STATE OF INDIANA

COUNTY OF LAKE

Before me a Notary Public in and for said County and State, Dated on 02/10/2021, personally appeared the above-named WITNESS to the foregoing instrument, who, being by me Duly sworn, did depose and say that h/she knows WITNESS – Samantha Bryak to be the individual(s) described in and who executed the foregoing instrument: that said WITNESS was present and saw STACY M LULICH execute the same: and the said WITNESS at same time subscribed his/her name as a witness thereto

Lisa E Ward  
NOTARY PUBLIC SIGNATURE

LISA E WARD  
NOTARY PRINTED NAME

Notary Name exactly as Commission  
Notary Public – State of INDIANA  
Seal  
My Commission Expires: 02/14/2025

Commission No: 694890



Properly Lake County Recorder