

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2004 046351

2004 JUN -3 AM 9:18

MORRIS W. CARTER  
RECORDER

The Community Hospital  
901 MacArthur Blvd.  
Munster, Indiana 46321

### RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by *MUNSTER MEDICAL RESEARCH FOUNDATION*

d/b/a *THE COMMUNITY HOSPITAL* against

STATE FARM INSURANCE, 2602 CHICAGO STREET

VALPARAISO, INDIANA 46384 CLM#141606786

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

18TH day of JUNE 20 03

and recorded on the

9<sup>TH</sup> day of JULY 20 03 (as instrument No.

6200833)

(in Hospital Lien Book, Page 2003071191) 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

DENISE BANKE

Regarding Patient Account Number

6200833

in the amount of

SIX THOUSAND FORTY

SEVEN AND 00/100

Dollars (\$ 6,047.00)

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

4TH day of MAY 20 04

(STATE OF INDIANA)

( ) SS:

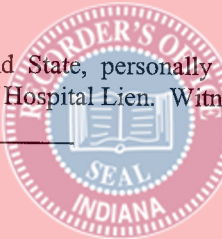
(COUNTY OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared LIL DOUGHTY who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal

this 4<sup>TH</sup> day of MAY 20 04

My Commission Expires: 2/14/09

Residing in Lake County, Indiana



*Lil Doughty*  
LIL DOUGHTY-COLLECTION CLERK

*Lisa Ward*  
Lisa Ward, Notary Public

This instrument was prepared by LIL DOUGHTY, Patient Representative, The Community Hospital.

10.00  
XP  
518726