STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2005 020569

2005 MAR 18 AM 8:41

MICHAEL A. BOOVAN 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 AMERICA | | | AN SERVICE CLAIMS, 150 NW POINT, | | |
|--|-------------------------|--------------|----------------------------------|----------------------|------------------------|
| ELK GROVE VILLAGE, IL 60007 | | | in connection with the Notice of | | |
| Intention to Hold Hospital Lien which was executed the | | | 22 ND | day of | SEPTEMBER 20 04 |
| and recorded on the | 19 TH day of | OCTOBER | 2004 | (as i | instrument No. |
| 1028748 | _) (in Hospital Lien | Book, Page | 200408901 | 6 |) 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 ELBERT RUCKER | | | | | |
| Regarding Patient | Account Number | 01 0F 1 | the in the | amount of | eleven Thousand |
| FOUR AND 55/100 | the | Lake Coun | ty Reco | rder! Dollars (\$ | 11,004.55 |
| the Recorder is hereby authorized to release said lien solely as to the above described party this | | | | | |
| 21 ST day of FEB | RUARY 20 | _05 | | | |
| | | | | | sta Hacker |
| (STATE OF INDIANA) () S (COUNTY OF LAKE) | SS: | TUTER TO THE | | CHRIS | STA HACKER-PFS CLERK |
| Before me, a Notary Public in and for said County and State, personally appeared <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 21 ST day of FEBRUARY 20 04 My Commission Expires: 2/14/09 Residing in Lake County, Indiana Lisa Ward, Notary Public | | | | | |

This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.

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