

2005 052475

2005 JUN 27 AM 9:02

MICHAEL A. BROWN 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 ZURICH I	NSURANCE, P.O. BOX 542003
OMAHA, NE 68154 CL #360487	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	24 TH day of MARCH 20 05
and recorded on the 12 TH day of APRIL	20 05 (as instrument No.
1876330) (in Hospital Lien Book, Page	2005028590) 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 GEORGE CUNNINGHAM	HCIAIA .
Regarding Patient Account Number 1876330	in the amount of TWENTY TWO
THOUSAND SEVEN HUNDRED THIRTY NINE AND 95/100	ty Recorder (\$ 22,739.95
the Recorder is hereby authorized to release said lien solely as to the above described party this	
7 TH day of JUNE 20 05	Christa Hacker
(CT A TE OF INDIANA)	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT
(STATE OF INDIANA) () SS: (COUNTY OF LAKE)	
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 <u>7TH</u> day of <u>JUNE</u> 20 05 My Commission Expires: <u>11/21/08</u> Residing in Lake County, Indiana This interpretation of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this <u>7TH</u> day of <u>JUNE</u> 20 05 My Commission Expires: <u>11/21/08</u> Residing in Lake County, Indiana	
This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.	

Ck F 23511 D.D.M.