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The Community Hospital
MICHAEL A BROWN 901 MacArthur Blvd.
RECORDER 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 ST. PAUL TRAVELERS, P.O. BOX 3095,
NAPERVILLE, IL 60566 CL #L4F0980 in connection with the Notice of
Intention to Hold Hospital Lien which was executed the31 ST day ofJANUARY 2005
and recorded on the 18^{TH} day of MARCH 20 05 (as instrument No.
1439175) (in Hospital Lien Book, Page 2005020611) 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 FELICIA EMIGH
Regarding Patient Account Number 1439175 in the amount of FOUR THOUSAND
FIVE HUNDRED EIGHTY SIX AND 00/100 e Lake County Recorder (\$ 4,586.00)
the Recorder is hereby authorized to release said lien solely as to the above described party this 7 TH day of JUNE 20 05 Muste Hacker
(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 Residing in Lake County, Indiana
This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.

10.00 CK # 23511 D 1711