

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 052477

2005 JUN 27 AM 9:02

The Community Hospital  
901 MacArthur Blvd.  
Munster, Indiana 46321  
MICHAEL A. BROWN  
RECORDER

**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, 940 BROADWAY AVENUE,  
GARY, IN 46401 CL #141555921 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 29<sup>TH</sup> day of AUGUST 20 02  
and recorded on the 9<sup>TH</sup> day of SEPTEMBER 20 02 (as instrument No.  
4549321 ) (in Hospital Lien Book, Page 2002080279 ) 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 LINDY MICHELON

Regarding Patient Account Number 4549321 in the amount of SIXTEEN THOUSAND

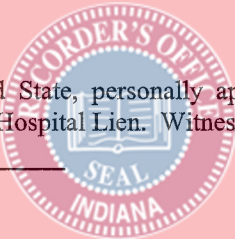
TWO HUNDRED TWENTY SEVEN AND 10/100 Dollars (\$ 16,227.10 )

the Recorder is hereby authorized to release said lien solely as to the above described party this  
7<sup>TH</sup> day of JUNE 20 05

*Christa Hacker*  
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 CHRISTA HACKER who  
acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal  
this 7<sup>TH</sup> day of JUNE 20 05  
My Commission Expires: 11/21/08  
Residing in Lake County, Indiana



*Nancy Johnson*  
Nancy Johnson, Notary Public

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

10.00  
CK#  
23511  
D.D.M.