

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 115548

2005 DEC 30 PM 11: 51

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 AFFIRMATIVE INSURANCE, P.O. BOX 388962,  
CHICAGO, IL 60638 CL #INB30124890501 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 16<sup>TH</sup> day of MARCH 20 05

and recorded on the 21<sup>ST</sup> day of MARCH 20 05 (as instrument No.

1873379 ) (in Hospital Lien Book, Page 2005021523 ) 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 IRIS RODRIGUEZ

Regarding Patient Account Number 1873379 in the amount of FIVE THOUSAND

TWO HUNDRED SEVENTY ONE AND 75/100 Dollars (\$ 5,271.75 )

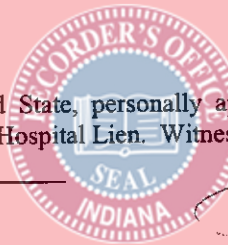
the Recorder is hereby authorized to release said lien solely as to the above described party this

19<sup>TH</sup> day of DECEMBER 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 19TH Day of DECEMBER 20 05  
My Commission Expires: 2/14/09  
Residing in Lake County, Indiana



Lisa Ward  
Lisa Ward, Notary Public

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

10-  
#025270  
SS