

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 008175

2006 FEB - 8 11 04-08

MICHAEL J. SCHWEN  
RECORDER  
The Community Hospital  
901 MacArthur Blvd.  
Munster, Indiana 46321

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### RELEASE OF HOSPITAL LIEN

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This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against STATE FARM INSURANCE, P.O. BOX 2150,

VALPARAISO, IN 46384 CL #14-1590-439 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21<sup>ST</sup> day of NOVEMBER 20 02

and recorded on the 6<sup>TH</sup> day of DECEMBER 20 02 (as instrument No.

5061936 ) (in Hospital Lien Book, Page 2002112511 ) 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 GLORIA LICHTMAN

Regarding Patient Account Number 5061936 in the amount of SIXTEEN THOUSAND

THREE HUNDRED SIXTY THREE AND 15/100 Dollars (\$ 16,363.15 )

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

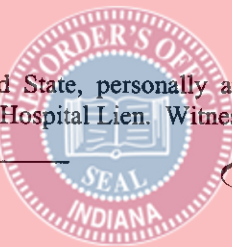
27<sup>TH</sup> day of JANUARY 20 06

*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 27TH Day of JANUARY 20 06  
My Commission Expires: 02/14/09  
Residing in Lake County, Indiana



*Lisa Ward*  
Lisa Ward, Notary Public

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

12-  
# 025571  
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Prescribed by the  
State Board of Accounts  
(2005)

County form 170

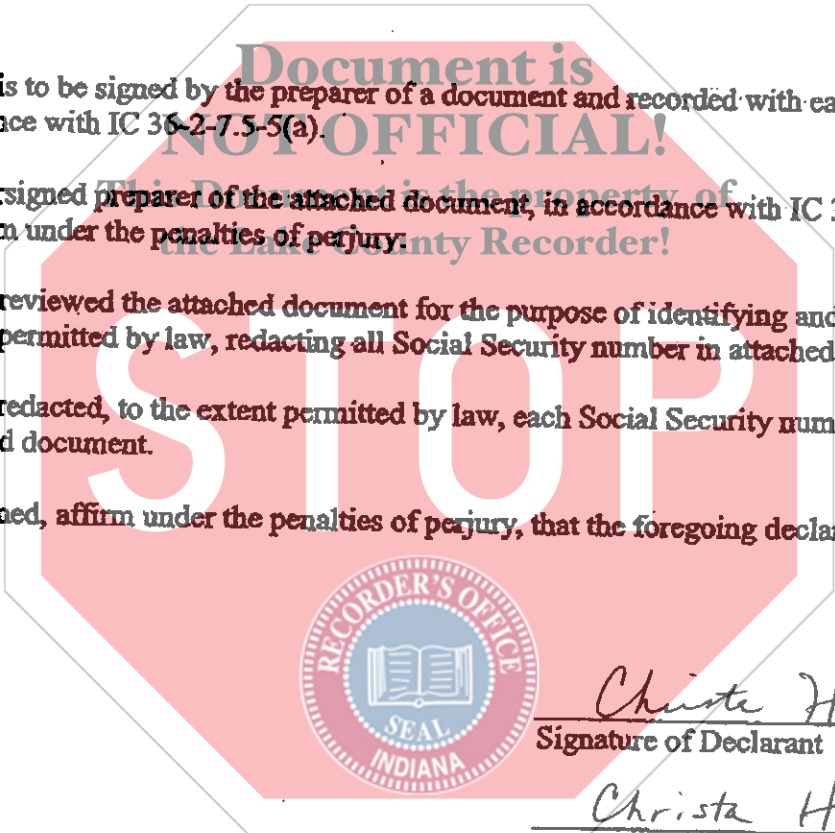
Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



Christa Hacker  
Signature of Declarant

Christa Hacker  
Printed Name of Declarant