

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDS

2006 008176

2006 FEB - 2 11 5 38

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MICHAEL J. REED
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 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 28TH day of APRIL 20 03

and recorded on the 19TH day of MAY 20 03 (as instrument No.

5888430) (in Hospital Lien Book, Page 2003050698) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

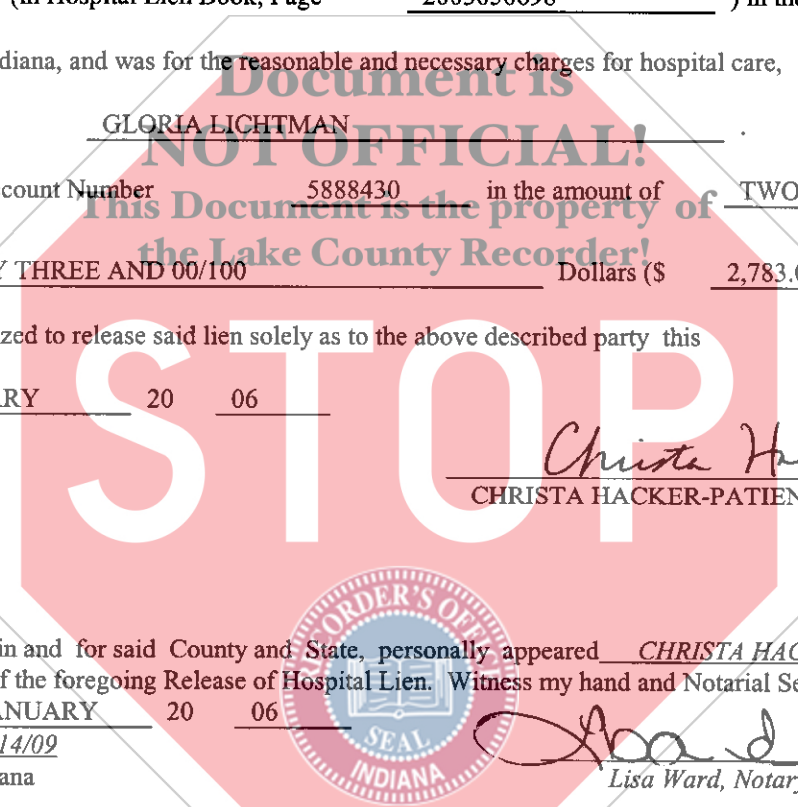
treatment and maintenance of GLORIA LICHTMAN

Regarding Patient Account Number 5888430 in the amount of TWO THOUSAND

SEVEN HUNDRED EIGHTY THREE AND 00/100 Dollars (\$ 2,783.00)

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

27TH day of JANUARY 20 06



Christa Hacker

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

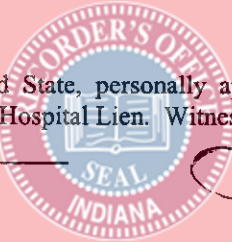
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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
SS

Prescribed by the
State Board of Accounts
(2005)

County form 170

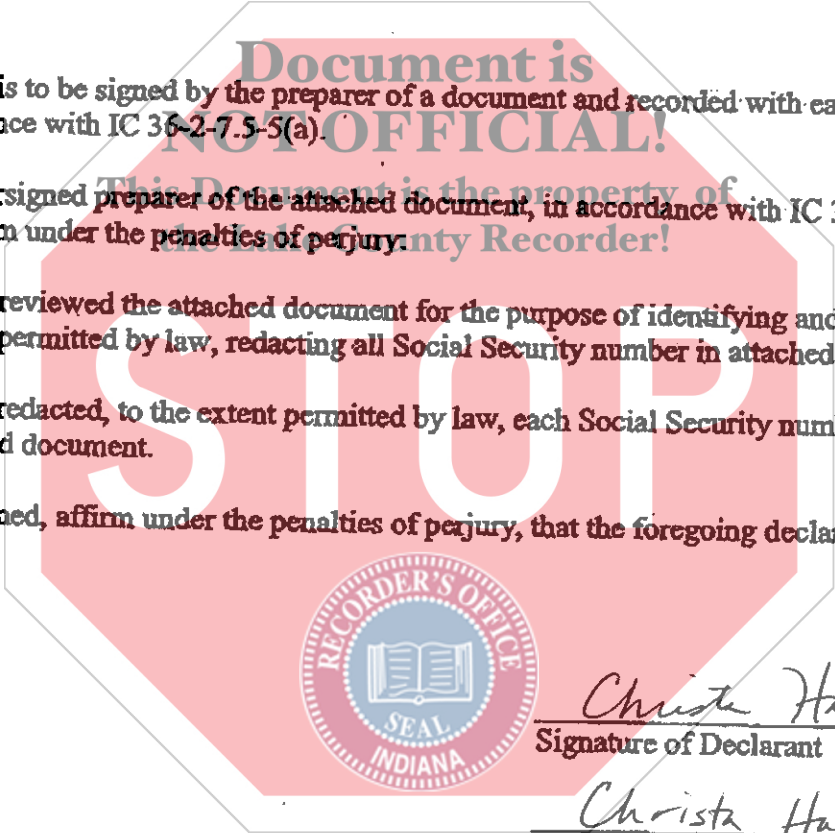
Declaration

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