

LAKE COUNTY
FILED FOR RECORD

2006 023357

2006 MAR 22 AM 9:09

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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 2370,

BLOOMINGTON, IL 61702 CL #14-1833-905 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 1ST day of FEBRUARY 20 05

and recorded on the 18TH day of MARCH 20 05 (as instrument No.

1619258) (in Hospital Lien Book, Page 2005020599) 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 OLGA GJORGJIEVSKA.

Regarding Patient Account Number 1619258 in the amount of SEVEN THOUSAND

TWO HUNDRED SIXTY AND 00/100 Dollars (\$ 7,260.00)

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

7TH day of MARCH 20 06

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

Christa Hacker
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

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 7TH Day of MARCH 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-
#026019
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