

2006 090483

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

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 ALLSTATE INSURANCE, P.O. BOX 650536,

DALLAS, TX 75265 CL #1569465162 in connection with the Notice of

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

and recorded on the 25<sup>TH</sup> day of MAY 20 05 (as instrument No.

2136983 ) (in Hospital Lien Book, Page 2005042496 ) 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 AIDA PEREZ

Regarding Patient Account Number 2136983 in the amount of TWO THOUSAND

SEVEN HUNDRED TWENTY SEVEN AND 00/100 Dollars (\$ 2,727.00 )

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

7<sup>TH</sup> day of SEPTEMBER 20 06

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

*Christa Hacker*  
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT  
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 SEPTEMBER 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.

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