

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 090484

2006 OCT 17 AM 9:06

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 HIA, 222 INDIANAPOLIS BLVD.,

SCHERERVILLE, IN 46375 CL #002411420 in connection with the Notice of

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

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

8922230 ) (in Hospital Lien Book, Page 2005020612 ) 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 LINDA MERRICK

Regarding Patient Account Number 8922230 in the amount of TWENTY NINE

THOUSAND ONE HUNDRED EIGHTY THREE AND 25/100 Dollars (\$ 29,183.25 )

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

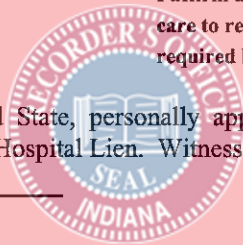
7<sup>TH</sup> day of SEPTEMBER 20 06

(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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