

2006 107446

2006-11-06 PM 2:30

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 DAIRYLAND INSURANCE, P.O. BOX 8021,

DAVENPORT, IA 52808 CL #74A078721 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 5<sup>TH</sup> day of OCTOBER 20 05

and recorded on the 27<sup>TH</sup> day of DECEMBER 20 05 (as instrument No.

3218390 ) (in Hospital Lien Book, Page 2005112807 ) 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 MICHELLE NEWBECK

Regarding Patient Account Number 3218390 in the amount of ELEVEN THOUSAND

SIX HUNDRED SIXTY FIVE AND 25/100 Dollars (\$ 11,665.25 )

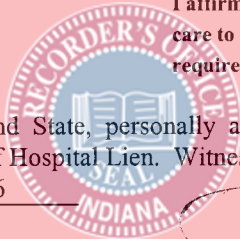
the Recorder is hereby authorized to release said lien solely as to the above described party this

28<sup>TH</sup> day of NOVEMBER 20 06

(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 28<sup>TH</sup> Day of NOVEMBER 20 06  
My Commission Expires: 02/14/09  
Residing in Lake County, Indiana

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.



Lisa Ward  
Lisa Ward, Notary Public

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

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