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MICHAEL A. BROWN
RECORDER

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 FARM BUREAU INSURANCE, 432 N. HALLECK,

DEMOTTE, IN 46310 CL #1160896 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 25TH day of AUGUST 20 05

and recorded on the 14TH day of SEPTEMBER 20 05 (as instrument No.

2946803) (in Hospital Lien Book, Page 2005080206) 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 KAYLEE JACKSON

Regarding Patient Account Number 2946803 in the amount of FIVE THOUSAND

EIGHTY FOUR AND 00/100 Dollars (\$ 5,084.00)

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

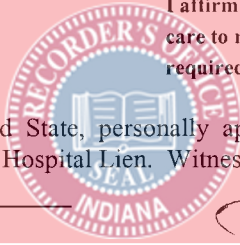
5TH day of DECEMBER 20 06

(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 5TH Day of DECEMBER 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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