

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 111572

2006 DEC 20 AM 11:39

The Community Hospital  
MICHAEL A. BROWN 901 MacArthur Blvd.  
RECORDER 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 2355,

BLOOMINGTON, IL 61702 CL #14D175093 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18<sup>TH</sup> day of OCTOBER 20 06

and recorded on the 3<sup>RD</sup> day of NOVEMBER 20 06 (as instrument No.

05168186 & 05169732 ) (in Hospital Lien Book, Page 2006096757 ) 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 JANET KOZENCHICK

Regarding Patient Account Number 05168186 & 05169732 in the amount of TWENTY ONE

THOUSAND TWO HUNDRED SIXTY FIVE AND 70/100 Dollars (\$ 21,265.70 )

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

14<sup>TH</sup> day of DECEMBER 20 06

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

*Christa Hacker*

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

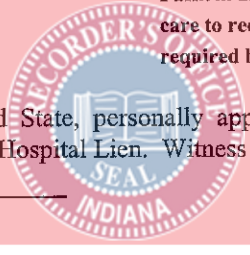
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 14<sup>TH</sup> 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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