

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 111574

2006 DEC 20 AM 11:39

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

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 2150,

VALPARAISO, IN 46384 CL #14D152570 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 19TH day of DECEMBER 20 05

and recorded on the 30TH day of DECEMBER 20 05 (as instrument No.

03268003) (in Hospital Lien Book, Page 2005115596) 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 WILLIAM PHILLIPS

Regarding Patient Account Number 03268003 in the amount of TWENTY FIVE

THOUSAND FIVE HUNDRED FORTY SIX AND 00/100 Dollars (\$ 25,546.00)

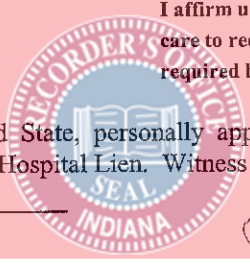
the Recorder is hereby authorized to release said lien solely as to the above described party this

14TH day of DECEMBER 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 14TH Day of DECEMBER 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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