

STATE OF INDIANA  
LAKE COUNTY  
FILED

2007 020945

FEB 20 07 10:13

MICHAEL T. GOWN  
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 AUTO OWNERS INSURANCE, P.O. BOX 39,

DUNDEE, IL 60118 CL #01300002702007 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15<sup>TH</sup> day of FEBRUARY 20 07

and recorded on the 22<sup>ND</sup> day of FEBRUARY 20 07 (as instrument No.

05286817 & 05283962 ) (in Hospital Lien Book, Page 2007015593 ) 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 MONTE GRAVES

Regarding Patient Account Number 05286817 & 05283962 in the amount of FORTY ONE THOUSAND

SIX HUNDRED FORTY SIX AND 00/100 Dollars (\$ 41,646.00 )

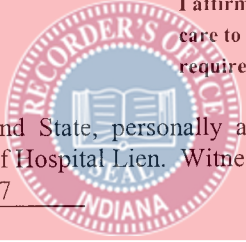
the Recorder is hereby authorized to release said lien solely as to the above described party this

2<sup>ND</sup> day of MARCH 20 07

(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 2<sup>ND</sup> Day of MARCH 20 07  
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.

12-  
#029009  
SAS