

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 028822

2007 03 21 09:08

Notary Public
Commission Expires 02/14/09

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 STATE FARM INSURANCE, P.O. BOX 4063,

KALAMAZOO, MI 49003 CL #14-2002-627 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30TH day of MAY 20 06

and recorded on the 23RD day of JUNE 20 06 (as instrument No.

05108958) (in Hospital Lien Book, Page 2006054019) 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 JOHN GOOSBY JR.

Regarding Patient Account Number 05108958 in the amount of THREE THOUSAND

NINE HUNDRED EIGHTY FOUR AND 60/100 Dollars (\$ 3,984.60)

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

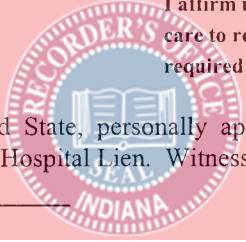
21ST day of MARCH 20 07

(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 21ST 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.

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