

2007 034617

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 APR 26 PM 12:31

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 ALLSTATE INSURANCE, P.O. BOX 218,

CAMBY, IN 46113 CL #5560241316 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 16TH day of JANUARY 20 07

and recorded on the 26TH day of JANUARY 20 07 (as instrument No.

05274074) (in Hospital Lien Book, Page 2007007766) 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 BENEDICT

Regarding Patient Account Number 05274074 in the amount of SIX THOUSAND

TWO HUNDRED FORTY SEVEN AND 30/100 Dollars (\$ 6,247.30)

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

18TH day of APRIL 20 07

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

Christa Hacker

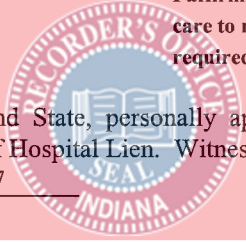
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

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 18TH Day of APRIL 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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