

2007 040962

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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 STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-2034-923 in connection with the Notice of

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

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

05182517) (in Hospital Lien Book, Page 2006096740) 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 DARLENE SELIGMAN

Regarding Patient Account Number 05182517 in the amount of THIRTEEN THOUSAND

THREE HUNDRED SIXTY THREE AND 70/100 Dollars (\$ 13,363.70)

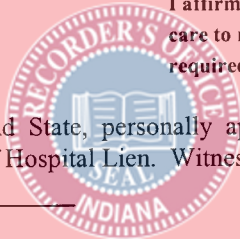
the Recorder is hereby authorized to release said lien solely as to the above described party this

8TH day of MAY 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 8TH Day of MAY 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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