

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 044792

2007 JUN -1 PM 3:12

MICHAEL A. BROWN
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 AMERICAN FAMILY INSURANCE, P.O. BOX 7093,

INDIANAPOLIS, IN 46207 CL #00541436392 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 1ST day of FEBRUARY 20 05

and recorded on the 18TH day of MARCH 20 05 (as instrument No.

1629033) (in Hospital Lien Book, Page 2005020604) 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 ALEJANDRO DAVILLA III

Regarding Patient Account Number 1629033 in the amount of TEN THOUSAND

SEVEN HUNDRED TWENTY FIVE AND 75/100 Dollars (\$ 10,725.75)

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

16TH 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 16TH Day of MAY 20 07
My Commission Expires: 02/14/09
Residing in Lake County, Indiana

Lisa J. Ward
Lisa Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.

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