

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 044794

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 STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-2076-635 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21<sup>ST</sup> day of MARCH 20 07

and recorded on the 10<sup>TH</sup> day of APRIL 20 07 (as instrument No.

05316851 ) (in Hospital Lien Book, Page 2007028829 ) 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 CHARLES BEASLEY

Regarding Patient Account Number 05316851 in the amount of TWO THOUSAND

NINETY TWO AND 50/100 Dollars (\$ 2,092.50 )

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

16<sup>TH</sup> day of MAY 20 07

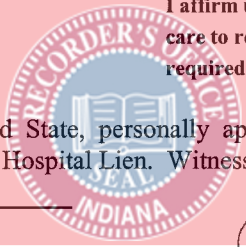
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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 16<sup>TH</sup> 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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#029768  
SLS