2007 044795

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 JUN - 1 PN 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 CINCINN  | NATI INSURANCE CO., P.O. BOX 2225,   |
|---|--|
| VALPARAISO, IN 46384 CL #461627   | in connection with the Notice of   |
| Intention to Hold Hospital Lien which was executed the  | 7 <sup>TH</sup> day of <u>SEPTEMBER</u> 20 <u>06</u>   |
| and recorded on the day ofOCTOBER   | _ 20 <u>06</u> (as instrument No.  |
| 05055374 ) (in Hospital Lien Book, Page   | 2006090518 ) 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 MARY UZUBELL   | FICIAL!  |
| Regarding Patient Account Number Docum 05055374 the Lake Coun   | the in the amount of SEVEN THOUSAND ty Recorder!   |
| SIX HUNDRED THIRTY SIX AND 80/100   | Dollars (\$ 7,636.80 )   |
| the Recorder is hereby authorized to release said lien solely as to the 16 <sup>TH</sup> day of MAY 20 07   | Christa Hacken   |
| (STATE OF INDIANA)  | CHRISTA HACKER-PATIENT FINANCIAL SUPPORT  I affirm under the penalties for perjury, that I have taken reasonable |
| ( ) SS:   | care to redact each Social Security number in this document, unless  |
| (COUNTY OF LAKE )   | required by law.   |
| Before me, a Notary Public in and for said County and State, personally appeared <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this <u>16<sup>TH</sup></u> Day of <u>MAY</u> 20 <u>07</u> My Commission Expires: <u>02/14/09</u> Residing in Lake County, Indiana |  |
| This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.   |  |