

2007 045196

2007 AUG 16 10:16 AM

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 2345,

BLOOMINGTON, IL 61702 CL #14-1908-782 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 17<sup>TH</sup> day of AUGUST 20 05

and recorded on the 24<sup>TH</sup> day of AUGUST 20 05 (as instrument No.

2910464 ) (in Hospital Lien Book, Page 2005072056 ) 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 SOPHIA COLLAROS

Regarding Patient Account Number 2910464 in the amount of THREE THOUSAND

EIGHT HUNDRED TWELVE AND 00/100 Dollars (\$ 3,812.00 )

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

22<sup>ND</sup> day of MAY 20 07

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

*Christa Hacker*

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

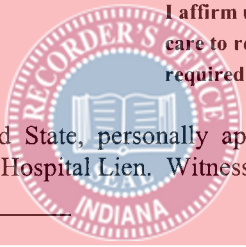
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 22<sup>ND</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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*#029769*  
*SLS*