

2007 052002

2007 JUN 26 PM 12: 15

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 FARMERS INSURANCE, P.O. BOX 268994,

OKLAHOMA CITY, OK 73126 CL #1008052775-1-2 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18<sup>TH</sup> day of MAY 20 06

and recorded on the 1<sup>ST</sup> day of JUNE 20 06 (as instrument No.

05071710 ) (in Hospital Lien Book, Page 2006046782 ) 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 MICHAEL RADICK

Regarding Patient Account Number 05071710 in the amount of TWO THOUSAND

FIVE HUNDRED FORTY SIX AND 70/100 Dollars (\$ 2,546.70 )

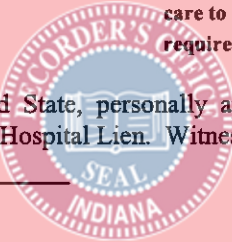
the Recorder is hereby authorized to release said lien solely as to the above described party this

7<sup>TH</sup> day of JUNE 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 7<sup>TH</sup> Day of JUNE 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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