

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 052003

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 STATE FARM INSURANCE, P.O. BOX 2363,

BLOOMINGTON, IL 61702 CL #13-2194-680 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30TH day of MAY 20 06

and recorded on the 23RD day of JUNE 20 06 (as instrument No.

05098518) (in Hospital Lien Book, Page 2006054018) 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 DOROTHY MARTEN

Regarding Patient Account Number 05098518 in the amount of TEN THOUSAND

FOUR HUNDRED FIFTY SIX AND 20/100 Dollars (\$ 10,456.20)

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

7TH 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 7TH 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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029967
SLB