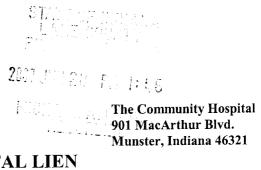
2007 052827



RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against ST. PAU	UL TRAVELERS INSURANCE, P.O. BOX 1413,
SOUTH BEND, IN 46624 CL #CIJ8059	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	28 TH day of <u>SEPTEMBER</u> 20 <u>05</u>
and recorded on the 12 TH day of OCTOBER	20 05 (as instrument No.
) (in Hospital Lien Book, Page	2005089557) in the office of the
Recorder of LAKE County, Indiana, and was for the reasonable and	l necessary charges for hospital care,
treatment and maintenance of DALTON CURTISOF	'FICIAL!
Regarding Patient Account Number 3240928	is the property of FOUR THOUSAND Recorder!
FOUR HUNDRED SEVENTY NINE AND 00/100	Dollars (\$ 4,479.00)
the Recorder is hereby authorized to release said lien solely as to the	ne above described party this
19 TH day of JUNE 20 07	
	Christe 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, p	personally appeared <u>CHRISTA HACKER</u> who
acknowledged the execution of the foregoing Release of Hospital I this 19 TH Day of JUNE 20 07	
My Commission Expires: <u>02/14/09</u>	Lisa Ward, Notary Public
Residing in Lake County, Indiana	
This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.	
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