

2007 052828

OFFICE OF PUBLIC  
ADMINISTRATION  
2007 JUN 20 PM 1:45

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, 2550 NORTHWESTERN AVE.,

WEST LAFAYETTE, IN 46390 CL #14-1924-760 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 28<sup>TH</sup> day of SEPTEMBER 20 05

and recorded on the 12<sup>TH</sup> day of OCTOBER 20 05 (as instrument No.

3221224 ) (in Hospital Lien Book, Page 2005089556 ) 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 CRAIG RAK

Regarding Patient Account Number 3221224 in the amount of THREE THOUSAND

TWO HUNDRED TEN AND 00/100 Dollars (\$ 3,210.00 )

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

19<sup>TH</sup> day of JUNE 20 07

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

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 19<sup>TH</sup> Day of JUNE 20 07  
My Commission Expires: 02/14/09  
Residing in Lake County, Indiana

*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.

*Lisa Ward*  
Lisa Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.

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12<sup>th</sup>  
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