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REC'D
LAKE COUNTY, IN
INDIANA

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 2360,

BLOOMINGTON, IL 61709 CL #14-1921-497

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

13TH day of SEPTEMBER 20 05

and recorded on the 28TH day of SEPTEMBER 20 05 (as instrument No.

3179480) (in Hospital Lien Book, Page 2005085376) 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 KELLI ALLEN

Regarding Patient Account Number 3179480 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

19TH 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 19TH 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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