

STATE OF INDIANA  
LAKE COUNTY  
NOTARY PUBLIC

2007 052831

2007 JUN 23 PM 1:46

1100 S. STATE ST.  
MUNSTER, INDIANA 46321

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

SAFECO INSURANCE, P.O. BOX 461,

ST. LOUIS, MO 63166 CL #881946623008

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

2<sup>ND</sup> day of APRIL 20 07

and recorded on the

17<sup>TH</sup> day of APRIL 20 07 (as instrument No.

05320694)

(in Hospital Lien Book, Page 2007031502) 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

MAE SWEENEY

Regarding Patient Account Number

05320694

in the amount of

THREE THOUSAND

THREE HUNDRED EIGHTY AND 00/100

Dollars (\$

3,380.00)

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

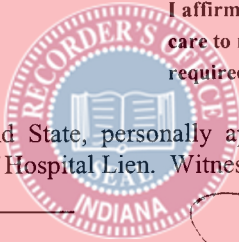
this 19<sup>TH</sup> Day of JUNE 20 07

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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