

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 060644

2007 JUL 25 PM 12:57

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, 2550 NORTHWESTERN AVE.,

WEST LAFAYETTE, IN 47906 CL #14-1976-150

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

7<sup>TH</sup> day of MARCH 20 06

and recorded on the

22<sup>ND</sup> day of MARCH 20 06 (as instrument No.

05045385)

(in Hospital Lien Book, Page 2006023379)

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

JASON COBB

Regarding Patient Account Number

05045385

in the amount of

THREE THOUSAND

FIVE HUNDRED SEVENTY SEVEN AND 80/100

Dollars (\$

3,577.80)

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

11<sup>TH</sup> day of JULY 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 11<sup>TH</sup> Day of JULY 20 07

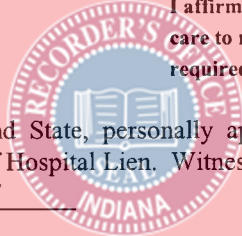
My Commission Expires: 02/14/09

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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#030028  
SH