

2007 099033

2007 DEC 19 AM 9:11

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 #14-2145-233 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 10TH day of SEPTEMBER 20 07

and recorded on the 24TH day of SEPTEMBER 20 07 (as instrument No.

05448206) (in Hospital Lien Book, Page 2007076270) 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 MYISHA LATTIMORE-HENDERSON

Regarding Patient Account Number 05448206 in the amount of TWO THOUSAND

TWO HUNDRED FORTY EIGHT AND 60/100 Dollars (\$ 2,248.60)

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

27TH day of NOVEMBER 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 27TH Day of NOVEMBER 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

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