

2007 099038

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 #14-2138-906 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21<sup>ST</sup> day of AUGUST 20 07

and recorded on the 31<sup>ST</sup> day of AUGUST 20 07 (as instrument No.

05433466 ) (in Hospital Lien Book, Page 2007071048 ) 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 DONNA BAKER

Regarding Patient Account Number 05433466 in the amount of TWO THOUSAND

FOUR HUNDRED THIRTY SEVEN AND 40/100 Dollars (\$ 2,437.40 )

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

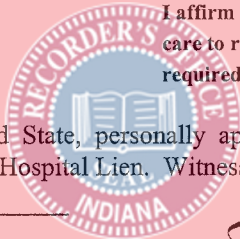
27<sup>TH</sup> day of NOVEMBER 20 07

(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 27<sup>TH</sup> 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.