

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 099043

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, P.O. BOX 2370,

BLOOMINGTON, IL 61702 CL #14-2125-334

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 1<sup>ST</sup> day of AUGUST 20 07

and recorded on the 17<sup>TH</sup> day of AUGUST 20 07 (as instrument No.

05399107 ) (in Hospital Lien Book, Page 2007067127 ) 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 MARK NORMAN

Regarding Patient Account Number 05399107 in the amount of FIVE THOUSAND

SIX HUNDRED NINETY SIX AND 20/100 Dollars (\$ 5,696.20 )

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

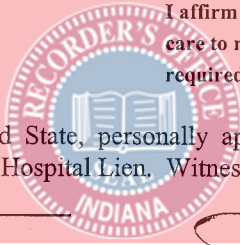
27<sup>TH</sup> day of NOVEMBER 20 07

(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

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

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