

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 099044

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 WALMART, 1828 - 165TH STREET,

HAMMOND, IN 46320 CL #4963800 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 5TH day of JUNE 20 06

and recorded on the 20TH day of JUNE 20 06 (as instrument No.

05107378) (in Hospital Lien Book, Page 2006052612) 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 CLEMENTE VILLESCA

Regarding Patient Account Number 05107378 in the amount of TWO THOUSAND

SIX HUNDRED FIFTY TWO AND 60/100 Dollars (\$ 2,652.60)

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

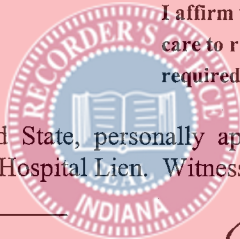
27TH day of NOVEMBER 20 07

(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

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

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