

2007 100370

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 DEC 26 PM 2:54

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 ALLSTATE INSURANCE, P.O. BOX 440519,

KENNESAW, GA 30160 CL #1569708503 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7<sup>TH</sup> day of FEBRUARY 20 07

and recorded on the 15<sup>TH</sup> day of FEBRUARY 20 07 (as instrument No.

05290407 ) (in Hospital Lien Book, Page 2007013390 ) 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 SAMUEL LONGORIA

Regarding Patient Account Number 05290407 in the amount of TEN THOUSAND

THREE HUNDRED TWELVE AND 50/100 Dollars (\$ 10,312.50 )

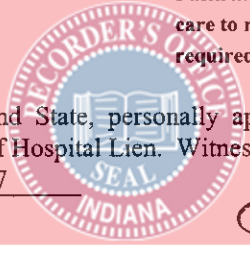
the Recorder is hereby authorized to release said lien solely as to the above described party this

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

(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

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.

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 29<sup>TH</sup> Day of NOVEMBER 20 07  
My Commission Expires: 02/14/09  
Residing in Lake County, Indiana



Lisa Ward  
Lisa Ward, Notary Public

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

12-  
#031462  
SS