

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 017164

2008 MAR 10 PM 2: 14

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 #14-2167-859 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14TH day of DECEMBER 20 07

and recorded on the 10TH day of JANUARY 20 08 (as instrument No.

05512299) (in Hospital Lien Book, Page 2008002151) 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 MARJORIE KIJURNA

Regarding Patient Account Number 05512299 in the amount of THREE THOUSAND

THREE HUNDRED EIGHTY AND 00/100 Dollars (\$ 3,380.00)

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

14TH day of FEBRUARY 20 08

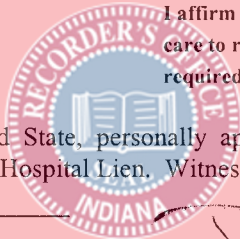
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 14TH Day of FEBRUARY 20 08
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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