

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 017166

2008 JAN 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 SAFECO INSURANCE, 500 N. MERIDIAN STREET,

INDIANAPOLIS, IN 46204 CL #346057053007 in connection with the Notice of

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

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

05496531 ) (in Hospital Lien Book, Page 2008002154 ) 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 DEBORAH MARTIN

Regarding Patient Account Number 05496531 in the amount of ONE THOUSAND

THREE HUNDRED SEVENTY SEVEN AND 00/100 Dollars (\$ 1,377.00 )

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

14<sup>TH</sup> 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 14<sup>TH</sup> 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.

12-  
#032143  
SS