

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 017892

2008 MAR 11 PM 3:10

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 5720,

WOODBIDGE, IL 60517 CL #5560105776 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7TH day of SEPTEMBER 20 06

and recorded on the 17TH day of OCTOBER 20 06 (as instrument No.

05164657) (in Hospital Lien Book, Page 2006090520) 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 JOE MIRAMONTES

Regarding Patient Account Number 05164657 in the amount of TWO THOUSAND

NINE HUNDRED EIGHT AND 80/100 Dollars (\$ 2,908.80)

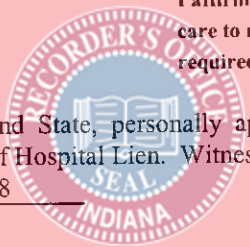
the Recorder is hereby authorized to release said lien solely as to the above described party this

28TH day of FEBRUARY 20 08

(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 28TH Day of FEBRUARY 20 08
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.

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