

2008 020746

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 MAR 24 AM 9:41

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, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-2135-740 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21<sup>ST</sup> day of JANUARY 20 08

and recorded on the 8<sup>TH</sup> day of FEBRUARY 20 08 (as instrument No.

05542549 ) (in Hospital Lien Book, Page 2008009282 ) 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 NEIL MCCUTCHEN

Regarding Patient Account Number 05542549 in the amount of TWO THOUSAND

ONE HUNDRED EIGHT AND 00/100 Dollars (\$ 2,108.00 )

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

6<sup>TH</sup> day of MARCH 20 08

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

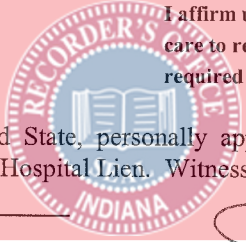
Before me, a Notary Public in and for said County and State, personally appeared CHRISTA HACKER who  
acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal  
this 6<sup>TH</sup> Day of MARCH 20 08

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-  
#032340  
SS