

2008 045527

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 JUN 23 AM 10:29

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

FARMERS INSURANCE, P.O. BOX 268994,

OKLAHOMA CITY, OK 73126

CL #1011676160

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

20<sup>TH</sup>

day of

MARCH

20 08

and recorded on the

14<sup>TH</sup>

day of

APRIL

20 08

(as instrument No.

05592500

) (in Hospital Lien Book, Page

2008026056

) 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

MEGEN BENTLEY

Regarding Patient Account Number

05592500

in the amount of

EIGHT THOUSAND

EIGHTY SEVEN AND 80/100

Dollars (\$

8,087.80

)

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

5<sup>TH</sup>

day of

JUNE

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 5<sup>TH</sup> Day of JUNE 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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