

2008 063355

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 SEP -9 PM 3:05

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 LIBERTY MUTUAL, 8136 W. 143<sup>RD</sup> STREET,

ORLAND PARK, IL 60566 CL #0064514500005 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 12<sup>TH</sup> day of JULY 20 06

and recorded on the 20<sup>TH</sup> day of JULY 20 06 (as instrument No.

05004443 ) (in Hospital Lien Book, Page 2006062749 ) 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 THOMAS TORRES

Regarding Patient Account Number 05004443 in the amount of TWO THOUSAND

ONE HUNDRED FORTY SEVEN AND 00/100 Dollars (\$ 2,147.00 )

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

27<sup>TH</sup> day of AUGUST 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 27<sup>TH</sup> Day of AUGUST 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.

12-  
# 033961  
SS