

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 063358

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

SEDGWICK CMS, P.O. BOX 14538,

LEXINGTON, KY 40512

CL #2008-0606046

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

17TH day of JUNE 20 08

and recorded on the

3RD day of JULY 20 08 (as instrument No.

05666701)

(in Hospital Lien Book, Page 2008048083) 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

MADELYN SCHERER

Regarding Patient Account Number

05666701

in the amount of

THREE THOUSAND

FIVE HUNDRED FIFTY FOUR AND 20/100

Dollars (\$ 3,554.20)

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

4TH day of SEPTEMBER 20 08

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.

(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 4TH Day of SEPTEMBER 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
S)