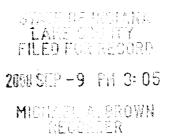
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The Community Hospital 901 MacArthur Blvd. Munster, Indiana 46321

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	
and recorded on the 3^{RD} day of JULY	20 08 (as instrument No.
05666701) (in Hospital Lien Book, Pa	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 FIG	
Regarding Patient Account Number Docum 05666701 the in the amount of THREE THOUSAND	
the Lake FIVE HUNDRED FIFTY FOUR AND 20/100	County Recorder! Dollars (\$ 3,554.20)
the Recorder is hereby authorized to release said lien solely as to the above described party this 4 TH day of SEPTEMBER 20 08 CHRISTA HACKER-PATIENT FINANCIAL SUPPORT	
(STATE OF INDIANA) () SS:	I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless
(COUNTY OF LAKE)	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 4 TH Day of SEPTEMBER 20 08 My Commission Expires: 02/14/09 Residing in Lake County, Indiana Lisa Ward, Notary Public	
This instrument was prepared by CHRISTA HACKER, P	atient Representative, The Community Hospital.

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