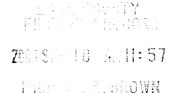
2008 065651



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 STA	ATE FARM INSURANCE, 1110 – 119 TH STREET,
WHITING, IN 46394 CL #14-2245-270	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	14 TH day of AUGUST 20 08
and recorded on the 27 TH day of AUGUST	20 08 (as instrument No.
	2008060871) 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 THERESA REDING	
Regarding Patient Account Number Docum 057	07814 the in the amount of Of THREE THOUSAND Ounty Recorder!
SEVEN HUNDRED TWENTY FIVE AND 00/100	Dollars (\$ 3,725.00)
the Recorder is hereby authorized to release said lien solely as to the above described party this 4 TH day of SEPTEMBER 20 08 Chusta Huchu	
(STATE OF INDIANA)	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT I affirm under the penalties for perjury, that I have taken reasonable
(COUNTY OF LAKE)	eare 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 <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 4 TH Day of <u>SEPTEMBER</u> 20 08 My Commission Expires: 02/14/09 Residing in Lake County, Indiana Lisa Ward, Notary Public	

This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.

12-#03/03/ 53