

STATE OF INDIANA
LAKE COUNTY
RECORDER OF RECORDS

2008 065651

2008 SEP 18 AM 11:57

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 STATE FARM INSURANCE, 1110 - 119TH STREET,

WHITING, IN 46394 CL #14-2245-270 _____ in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14TH day of AUGUST 20 08

and recorded on the 27TH day of AUGUST 20 08 (as instrument No.

05707814) (in Hospital Lien Book, Page 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 05707814 in the amount of THREE THOUSAND

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

4TH day of SEPTEMBER 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 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.

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#031036
SS