

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 067369

2008 SEP 29 AM 8:43

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 AIG INS., P.O. BOX 681490, INDIANAPOLIS, IN 46268 AND

UNIVERSAL INS., 150 NORTHWEST BLVD., ELK GROVE VILLAGE, IL 60007 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 6<sup>TH</sup> day of MARCH 20 08

and recorded on the 14<sup>TH</sup> day of APRIL 20 08 (as instrument No.

05542302 ) (in Hospital Lien Book, Page 2008026035 ) 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 JUAN ANDA

Regarding Patient Account Number 05542302 in the amount of TWO THOUSAND

SEVEN HUNDRED SEVENTY NINE AND 20/100 Dollars (\$ 2,779.20 )

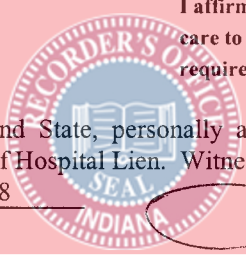
the Recorder is hereby authorized to release said lien solely as to the above described party this

10<sup>TH</sup> 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 10<sup>TH</sup> 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-  
# 634100  
SS