

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 067371

2008 SEP 29 AM 8:44

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 FARM BUREAU INSURANCE, 2118 - 45<sup>TH</sup> STREET,

HIGHLAND, IN 46322 CL #1111179510 in connection with the Notice of

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

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

05702582 ) (in Hospital Lien Book, Page 2008060872 ) 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 ARLENE WIETecha

Regarding Patient Account Number 05702582 in the amount of TWO THOUSAND

EIGHT HUNDRED SEVENTY NINE AND 30/100 Dollars (\$ 2,879.30 )

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

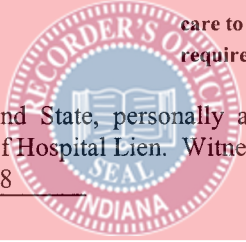
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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-  
#034100  
SS