

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 067372

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 STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-2160-914 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.

50148079) (in Hospital Lien Book, Page 2008060873) 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 SHANNON WILLIAMS

Regarding Patient Account Number 50148079 in the amount of TWO THOUSAND

THREE HUNDRED TWENTY FIVE AND 00/100 Dollars (\$ 2,325.00)

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

10TH day of SEPTEMBER 20 08

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

Christa Hacker

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

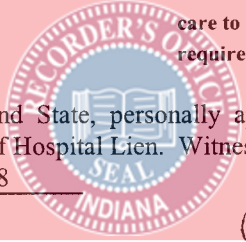
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 10TH 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