

2008 075912

2008 NOV - 5 PM 4:00

MICHAEL 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

FOUNDERS INSURANCE, P.O. BOX 5100,

DES PLAINES, IL 60018

CL #04-07007774

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

26TH

day of

SEPTEMBER

20 07

and recorded on the

8TH

day of

NOVEMBER

20 07

(as instrument No.

05399004, 05417351,

05443397, 05456919

)

(in Hospital Lien Book, Page

2007088677

) 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

JOHN CUNNINGHAM

Regarding Patient Account Number

05399004, 05417351, 05443397,
05456919

in the amount of

TWENTY EIGHT

THOUSAND ONE HUNDRED SEVENTY FOUR AND 40/100

Dollars (\$

28,174.40

)

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

24TH day of

OCTOBER

20

08

(STATE OF INDIANA)

() SS:

(COUNTY OF LAKE)

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 24TH Day of OCTOBER

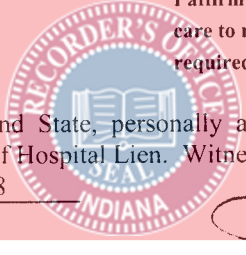
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My Commission Expires: 02/14/09

Residing in Lake County, Indiana

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.



Lisa E. Ward
Lisa Ward, Notary Public

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

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