

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2008 075914

2008 NOV - 5 PM 4:00

MICHAEL S. 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

CNA INSURANCE, P.O. BOX 16030,

READING, PA 19612

CL #11L156234

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

11<sup>TH</sup>

day of

SEPTEMBER

20 07

and recorded on the

24<sup>TH</sup>

day of

SEPTEMBER

20 07

(as instrument No.

05420264,

50087087 & 05438281 )

(in Hospital Lien Book, Page

2007076283

) 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

LILLIE POE

Regarding Patient Account Number

05420264, 50087087,

05438281

in the amount of

FOUR THOUSAND

TWO HUNDRED FORTY SIX AND 00/100

Dollars (\$

4,246.00

)

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

24<sup>TH</sup> 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 24<sup>TH</sup> Day of OCTOBER

20

08

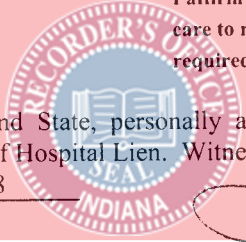
My Commission Expires: 02/14/09

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.

12-  
#034604  
SS