

2008 075916

2008 NOV - 5 PM 4:00

MICHAEL A. GROWN  
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

ST. PAUL TRAVELERS, P.O. BOX 1413,

SOUTH BEND, IN 46624

CL #CCL3398

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

10<sup>TH</sup>

day of

JANUARY

20 07

and recorded on the

26<sup>TH</sup>

day of

JANUARY

20 07

(as instrument No.

05259857

)

(in Hospital Lien Book, Page

2007007744

) 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

JESSE LIMBAUGH

Regarding Patient Account Number

05259857

in the amount of

EIGHTEEN THOUSAND

FOUR HUNDRED SIXTY ONE AND 85/100

Dollars (\$

18,461.85

)

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

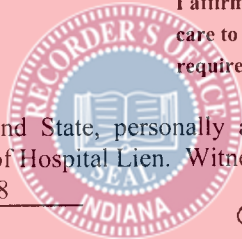
My Commission Expires: 02/14/09

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.

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