

2008 075918

2008 NOV -5 PM 14:00

LAKE COUNTY RECORDERS OFFICE

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 2363,

BLOOMINGTON, IL 61702

CL #13A248069

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

5TH

day of

JUNE

20 08

and recorded on the

23RD

day of

JUNE

20 08

(as instrument No.

05651089

)

(in Hospital Lien Book, Page

2008045541

) 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

IRMA GRIMALDO

Regarding Patient Account Number

05651089

in the amount of

TWO THOUSAND

EIGHT HUNDRED TWENTY AND 80/100

Dollars (\$

2,820.80

)

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 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