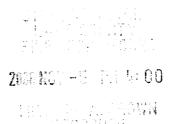
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The Community Hospital 901 MacArthur Blvd. Munster, Indiana 46321

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	<u>5TH</u> day of <u>JUNE</u> 20 <u>08</u>
and recorded on the 23 RD day of JUNE	20 08 (as instrument No.
05651089) (in Hospital Lien Book, Pa	ge 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 GRIMALE	
Regarding Patient Account Number Document Lake	05651089 the in the amount of TWO THOUSAND County Recorder!
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 24 TH day of OCTOBER 20 08	
24 day 01 OCTOBER 20 00	Christa Hacken
(STATE OF INDIANA)	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT I affirm under the penalties for perjury, that I have taken reasonable
(STATE OF INDIANA) () SS:	care to redact each Social Security number in this document, unless
(COUNTY OF LAKE)	required by law.
Before me, a Notary Public in and for said County and State, personally appeared <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 24 TH Day of OCTOBER 20 08	
My Commission Expires: <u>02/14/09</u> Residing in Lake County, Indiana	Lisa Ward, Notary Public
This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.	

13-4034604 SS