

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 024836

2009 APR 17 PH 2:00

MICHAEL A. 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 INDIANA FARM BUREAU INS., P.O. BOX 1250,

INDIANAPOLIS, IN 46206 CL #1184724 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18<sup>TH</sup> day of SEPTEMBER 20 08

and recorded on the 29<sup>TH</sup> day of SEPTEMBER 20 08 (as instrument No.

05724991 ) (in Hospital Lien Book, Page 2008067396 ) 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 MIRJANA ALAVANJA

Regarding Patient Account Number 05724991 in the amount of TWO THOUSAND

THREE HUNDRED TWENTY FIVE AND 00/100 Dollars (\$ 2,325.00 )

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

7<sup>TH</sup> day of APRIL 20 09

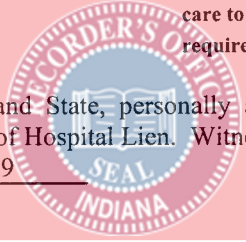
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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.

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 7<sup>TH</sup> Day of APRIL 20 09  
My Commission Expires: 02/14/17  
Residing in Lake County, Indiana



*Lisa Ward*  
Lisa Ward, Notary Public

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

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036219  
RM