

2009 024842

2009 APR 17 PM 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 FARMERS INSURANCE, P.O. BOX 268994,

OKLAHOMA CITY, OK 73126 CL #1010485068-1-7 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14TH day of DECEMBER 20 07

and recorded on the 10TH day of JANUARY 20 08 (as instrument No.

50104845 & 50109354) (in Hospital Lien Book, Page 2008002129) 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 JOHN MAXIN

Regarding Patient Account Number 50104845 & 50109354 in the amount of ONE THOUSAND

THREE HUNDRED FORTY ONE AND 00/100 Dollars (\$ 1,341.00)

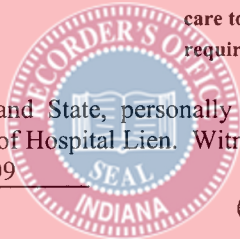
the Recorder is hereby authorized to release said lien solely as to the above described party this

7TH 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 7TH 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