

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 033473

2009 MAY 19 PM 12:27

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 TRAVELERS INSURANCE, P.O. BOX 50473,

INDIANAPOLIS, IN 46250 CL #A6G3515 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 10TH day of FEBRUARY 20 09

and recorded on the 19TH day of FEBRUARY 20 09 (as instrument No.

05824302) (in Hospital Lien Book, Page 2009009980) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

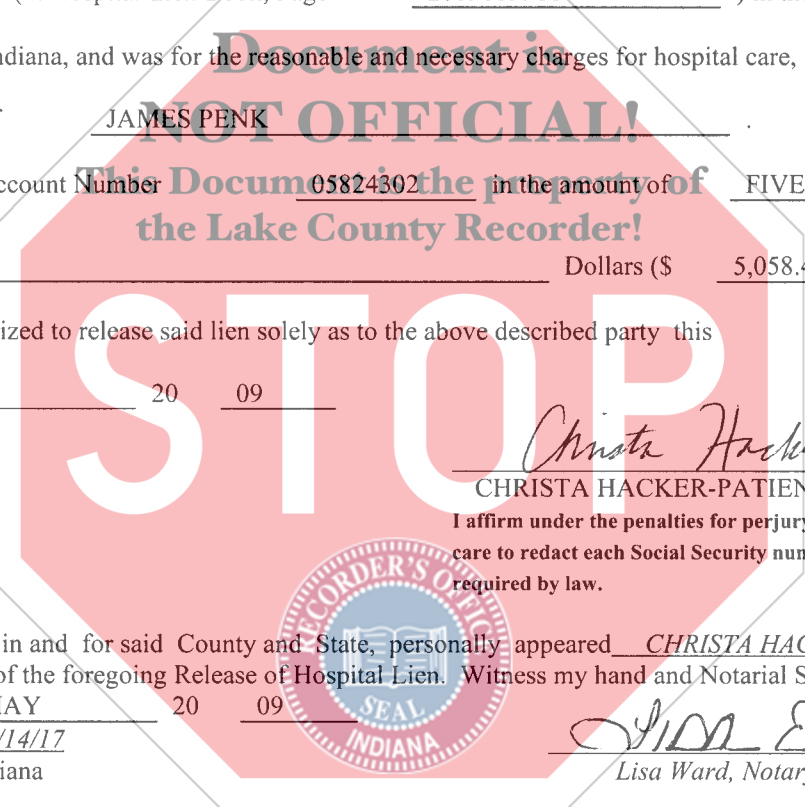
treatment and maintenance of JAMES PENK

Regarding Patient Account Number 05824302 in the amount of FIVE THOUSAND

FIFTY EIGHT AND 40/100 Dollars (\$ 5,058.40)

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

12TH day of MAY 20 09



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.

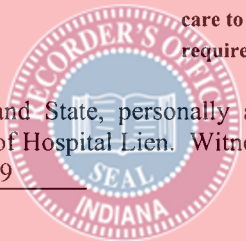
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 12TH Day of MAY 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.

12-
#036605
SS