

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 033474

2009 MAY 19 PM 12: 28

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 STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-2324-861 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15TH day of APRIL 20 09

and recorded on the 28TH day of APRIL 20 09 (as instrument No.

05902589) (in Hospital Lien Book, Page 2009027274) 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 A. SMITH

Regarding Patient Account Number 05902589 in the amount of TWO THOUSAND

ONE HUNDRED THIRTY ONE AND 00/100 Dollars (\$ 2,131.00)

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

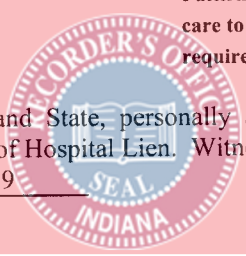
12TH day of MAY 20 09

(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 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.

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#036605
SS