STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 MAY 19 PM 12:28

MICHAEL A. BROWN
RECORDER

2009 033475

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   SAFECO INSURANCE, P.O. BOX 515097,

LOS ANGELES, CA 90051   CL #13A081330344   in connection with the Notice of

Intention to Hold Hospital Lien which was executed the   5TH   day of   JUNE   20   08

and recorded on the   23RD   day of   JUNE   20   08   (as instrument No.

05623059   ) (in Hospital Lien Book, Page   2008045540   ) 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   VELDA BOENDER   .

          Regarding Patient Account Number   05623059   in the amount of   FIFTEEN THOUSAND

FOUR HUNDRED TWENTY FIVE AND 95/100   Dollars ($ 15,425.95   )

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.

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#036605
JS