

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 033496

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 INDIANA INSURANCE, P.O. BOX 6063,

INDIANAPOLIS, IN 46206 CL #403647310 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21<sup>ST</sup> day of APRIL 20 09

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

05886949 ) (in Hospital Lien Book, Page 2009027270 ) 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 VALERIA WLEKLINSKI

Regarding Patient Account Number 05886949 in the amount of SEVENTEEN

THOUSAND TWENTY SIX AND 05/100 Dollars (\$ 17,026.05 )

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

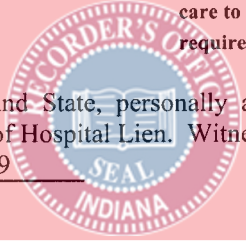
12<sup>TH</sup> day of MAY 20 09

(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 12<sup>TH</sup> 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-  
# 036606  
SJ