

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 033497

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 TRAVELERS INSURANCE, P.O. BOX 50473,

INDIANAPOLIS, IN 46250 CL #A6G3009 \_\_\_\_\_ in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30<sup>TH</sup> day of DECEMBER 20 08

and recorded on the 15<sup>TH</sup> day of JANUARY 20 09 (as instrument No.

05815464 ) (in Hospital Lien Book, Page 2009002410 ) 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 GLORIA FEKETE

Regarding Patient Account Number 05815464 in the amount of TWO THOUSAND

SIX HUNDRED SEVENTY ONE AND 90/100 Dollars (\$ 2,671.90 )

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

*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.

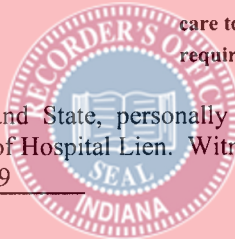
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

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 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.

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# 034606  
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