

2009 045877

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 JUL -7 PM 2:40

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

SAFECO, P.O. BOX 515097,

LOS ANGELES, CA 90051

CL #814302973015

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

12<sup>TH</sup>

day of

NOVEMBER

20 08

and recorded on the

2<sup>ND</sup>

day of

DECEMBER

20 08

(as instrument No.

50160411

)

(in Hospital Lien Book, Page

2008081284

) 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

JACQUOLYN KLIPPNER

Regarding Patient Account Number

50160411

in the amount of

TWO THOUSAND

ONE HUNDRED EIGHTY SIX AND 00/100

Dollars (\$

2,186.00

)

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

9<sup>TH</sup>

day of

JUNE

20

09

(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 9<sup>TH</sup> Day of JUNE

20

09

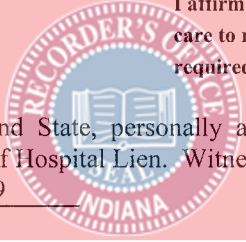
My Commission Expires: 02/14/17

Residing in Lake County, Indiana

*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.



*Lisa Ward*

Lisa Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.

1200  
036863  
RM