

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 060352

2009 SEP -1 AM 11:17

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 #14-2309-196 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 17TH day of FEBRUARY 20 09

and recorded on the 25TH day of FEBRUARY 20 09 (as instrument No.

05856022) (in Hospital Lien Book, Page 2009011461) 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 JOSEPH KUNTZ

Regarding Patient Account Number 05856022 in the amount of ONE THOUSAND

THREE HUNDRED EIGHTY ONE AND 00/100 Dollars (\$ 1,381.00)

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

25TH day of AUGUST 20 09

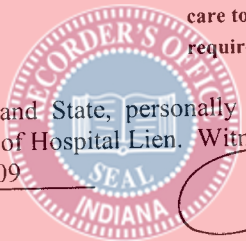
Christa Hacker

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 25TH Day of AUGUST 20 09.
My Commission Expires: 02/14/17
Residing in Lake County, Indiana



Lisa E. Ward
Lisa E. Ward, Notary Public

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

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