

2009 060355

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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 #A6G7886 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 31ST day of MARCH 20 09

and recorded on the 17TH day of APRIL 20 09 (as instrument No.

05833119) (in Hospital Lien Book, Page 2009024834) 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 IRENE HEUBNER

Regarding Patient Account Number 05833119 in the amount of TWO THOUSAND

NINE HUNDRED EIGHTY TWO AND 00/100 Dollars (\$ 2,982.00)

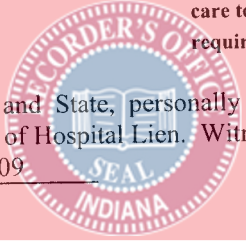
the Recorder is hereby authorized to release said lien solely as to the above described party this

25TH day of AUGUST 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 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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