

2009 060356

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 SEP -1 AM 11:18

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 OHIO CASUALTY INSURANCE, P.O. BOX 188061,

FAIRFIELD, OH 45018 CL #413611050 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15TH day of APRIL 20 09

and recorded on the 23RD day of APRIL 20 09 (as instrument No.

05875689) (in Hospital Lien Book, Page 2009026025) 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 YVONNE WIEJAK

Regarding Patient Account Number 05875689 in the amount of TWO THOUSAND

ONE HUNDRED SEVENTEEN AND 63/100 Dollars (\$ 2,117.63)

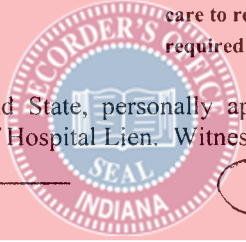
the Recorder is hereby authorized to release said lien solely as to the above described party this

25TH day of AUGUST 20 09

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

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

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 E. Ward
Lisa E. Ward, Notary Public

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

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