

2009 060359

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 INDIANA INSURANCE CO., P.O. BOX 6063,

INDIANAPOLIS, IN 46240 CL #003645750 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 12TH day of MAY 20 09

and recorded on the 19TH day of MAY 20 09 (as instrument No.

05920317) (in Hospital Lien Book, Page 2009033501) 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 BARBARA REPKO

Regarding Patient Account Number 05920317 in the amount of FOUR THOUSAND

NINE HUNDRED FOURTEEN AND 00/100 Dollars (\$ 4,914.00)

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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