

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 060363

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 STATE FARM INSURANCE, P.O. BOX 2363,

BLOOMINGTON, IL 61702 CL #142341230 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 23<sup>RD</sup> day of JUNE 20 09

and recorded on the 7<sup>TH</sup> day of JULY 20 09 (as instrument No.

05952392 ) (in Hospital Lien Book, Page 2009045947 ) 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 PHYLLIS WASHINGTON

Regarding Patient Account Number 05952392 in the amount of ELEVEN THOUSAND

TWO HUNDRED SEVENTEEN AND 30/100 Dollars (\$ 11,217.30 )

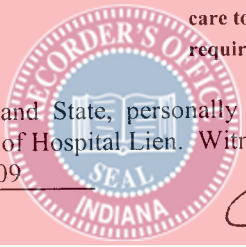
the Recorder is hereby authorized to release said lien solely as to the above described party this

25<sup>TH</sup> 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 25<sup>TH</sup> 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.

12<sup>00</sup>  
037568  
RM