

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 061875

2009 SEP -9 AM 10: 25

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 SAFECO INSURANCE, P.O. BOX 151097,

LOS ANGELES, CA 90051 CL #989274193008 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14<sup>TH</sup> day of JULY 20 09

and recorded on the 22<sup>ND</sup> day of JULY 20 09 (as instrument No.

05961530 ) (in Hospital Lien Book, Page 2009050823 ) 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 ISRAEL ANGELES

Regarding Patient Account Number 05961530 in the amount of TWO THOUSAND

FIVE HUNDRED ELEVEN AND 00/100 Dollars (\$ 2,511.00 )

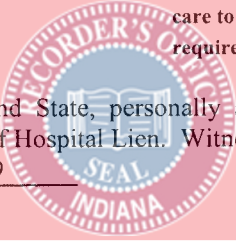
the Recorder is hereby authorized to release said lien solely as to the above described party this

2<sup>ND</sup> day of SEPTEMBER 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 2<sup>ND</sup> Day of SEPTEMBER 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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03-7611  
BM