

2009 064962

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 SEP 23 PM 2:05

MICHAEL A. BROWN  
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

CHURCH MUTUAL INSURANCE, P.O. BOX 342,

MERRILL, WI 54452

CL #1058258

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

17<sup>TH</sup>

day of

MARCH

20 09

and recorded on the

26<sup>TH</sup>

day of

MARCH

20 09

(as instrument No.

05875829

) (in Hospital Lien Book, Page

2009019046

) 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

HILTON BRYANT

Regarding Patient Account Number

05875829

in the amount of

FIFTEEN THOUSAND

NINE HUNDRED FOUR AND 44/100

Dollars (\$

15,904.44

)

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

8<sup>TH</sup>

day of

SEPTEMBER

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 8<sup>TH</sup> Day of SEPTEMBER 20 09

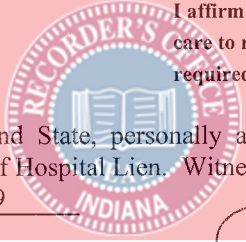
My Commission Expires: 02/14/17

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.

12<sup>00</sup>  
037735  
RM