

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 064963

2009 SEP 23 PM 2:05

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

TRAVELERS INSURANCE, P.O. BOX 94911,

CLEVELAND, OH 44101

CL #A9Y3956

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

30<sup>TH</sup>

day of

JUNE

20 08

and recorded on the

15<sup>TH</sup>

day of

JULY

20 08

(as instrument No.

05655538 & 05661340

) (in Hospital Lien Book, Page

2008050857

) 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

JESSE ROGERS

Regarding Patient Account Number

05655538 &  
05661340

in the amount of

SEVENTY FOUR

THOUSAND SIX HUNDRED SEVENTY AND 00/100

Dollars (\$

74,670.00

)

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

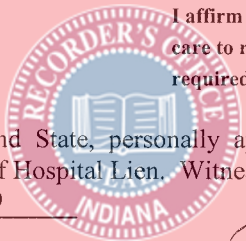
My Commission Expires: 02/14/17

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.

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637735  
RM