

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 064970

2009 SEP 23 PM 2:06

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

PROGRESSIVE INSURANCE, P.O. BOX 2862,

CLINTON, IA 52733

CL #08362606902

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

17TH

day of

DECEMBER

20 08

and recorded on the

23RD

day of

DECEMBER

20 08

(as instrument No.

05798867

) (in Hospital Lien Book, Page

2008086332

) 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

ERNST REDEPENNING

Regarding Patient Account Number

05798867

in the amount of

TWO THOUSAND

TWO HUNDRED TWENTY FIVE AND 00/100

Dollars (\$

2,225.00

)

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

16TH 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 16TH Day of SEPTEMBER 20 09

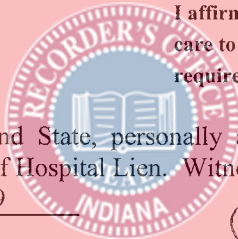
My Commission Expires: 02/14/17

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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