

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 064971

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 STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-2084-049 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 17TH day of JULY 20 09

and recorded on the 30TH day of JULY 20 09 (as instrument No.

05667202) (in Hospital Lien Book, Page 2009054526) 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 LYNETTE BATISTE

Regarding Patient Account Number 05667202 in the amount of TWELVE THOUSAND

SIX HUNDRED SIXTEEN AND 95/100 Dollars (\$ 12,616.95)

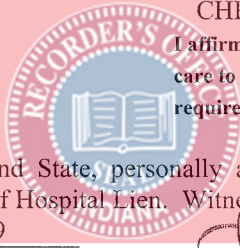
the Recorder is hereby authorized to release said lien solely as to the above described party this

16TH day of SEPTEMBER 20 09

Christa Hacker

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)



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 16TH 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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