

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 066027

2009 SEP 29 AM 11:39

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 2360,

BLOOMINGTON, IL 61702

CL #142361731

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

2<sup>ND</sup>

day of

SEPTEMBER

20 09

and recorded on the

9<sup>TH</sup>

day of

SEPTEMBER

20 09

(as instrument No.

06016415

)

(in Hospital Lien Book, Page

2009061890

)

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

MARY CHAVEZ

Regarding Patient Account Number

06016415

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

22<sup>ND</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

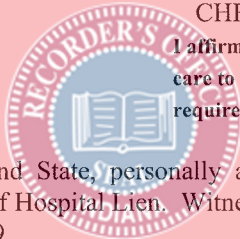
this 22<sup>ND</sup> Day of SEPTEMBER 20 09

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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03784  
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