

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 066033

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 SEDGWICK CMS, P.O. BOX 14453,

LEXINGTON, KY 40512 CL #798457F in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 19TH day of AUGUST 20 09

and recorded on the 27TH day of AUGUST 20 09 (as instrument No.

06004801) (in Hospital Lien Book, Page 2009059381) 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 JOYCE LITTLE

Regarding Patient Account Number 06004801 in the amount of THREE THOUSAND

SIX HUNDRED TWENTY AND 00/100 Dollars (\$ 3,620.00)

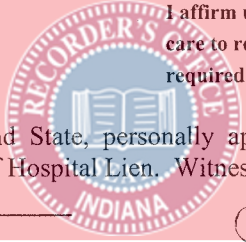
the Recorder is hereby authorized to release said lien solely as to the above described party this

22ND 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 22ND 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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