

2009 082325

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 DEC 11 PM 1:47

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 CNA INSURANCE, 333 S. WABASH AVE., 21ST FLOOR,

CHICAGO, IL 60604 CL #E3784123 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 19TH day of NOVEMBER 20 08

and recorded on the 2ND day of DECEMBER 20 08 (as instrument No.

05784157) (in Hospital Lien Book, Page 2008081262) 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 IRENE LARSON

Regarding Patient Account Number 05784157 in the amount of NINE THOUSAND

ONE HUNDRED SEVENTY SEVEN AND 20/100 Dollars (\$ 9,177.20)

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

18TH day of NOVEMBER 20 09

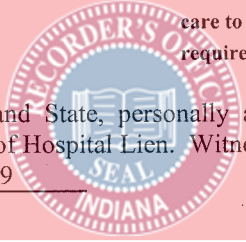
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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.

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 18TH Day of NOVEMBER 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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