

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 082327

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 AMERICAN FAMILY INSURANCE, 6000 AMERICAN PKWY.,

MADISON, WI 53783 CL #00-541-591432 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21<sup>ST</sup> day of JULY 20 09

and recorded on the 28<sup>TH</sup> day of JULY 20 09 (as instrument No.

05981215 ) (in Hospital Lien Book, Page 2009052149 ) 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 ALAINA TRGOVICH

Regarding Patient Account Number 05981215 in the amount of TWO THOUSAND

EIGHT HUNDRED FOUR AND 00/100 Dollars (\$ 2,804.00 )

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

18<sup>TH</sup> day of NOVEMBER 20 09

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

*Christa Hacker*

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

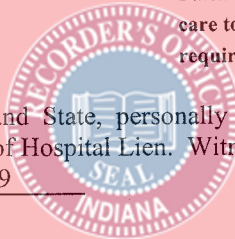
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 18<sup>TH</sup> 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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038432  
RM