

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 082328

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

FOUNDERS INSURANCE CO., P.O. BOX 5100,

DES PLAINES, IL 60017

CL #0408002723

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

29TH

day of

OCTOBER

20 09

and recorded on the

10TH

day of

NOVEMBER

20 09

(as instrument No.

05694909

) (in Hospital Lien Book, Page

2008076617

) 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

ASHLEY EENIGENBURG

Regarding Patient Account Number

05694909

in the amount of

FOUR THOUSAND

NINE HUNDRED EIGHTY SIX AND 80/100

Dollars (\$

4,986.80

)

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

18TH

day of

NOVEMBER

20

09

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.

(STATE OF INDIANA)

() SS:

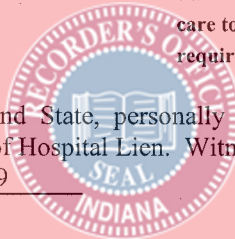
(COUNTY OF LAKE)

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 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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