

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

LAKE COUNTY RECORDER
CAROLYN J. POLLARD
ACTING RECORDER

2010 000140

2010 JAN -4 PM 2: 10

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

TRAVELERS INSURANCE, P.O. BOX 50473,

INDIANAPOLIS, IN 46250

CL #AGG0301

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.

05767258

) (in Hospital Lien Book, Page

2008081267

) 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

GERALYNN LINDAHL

Regarding Patient Account Number

05767258

in the amount of

NINE THOUSAND

EIGHT HUNDRED TWENTY AND 30/100

Dollars (\$

9,820.30

)

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

16TH

day of

DECEMBER

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 16TH Day of DECEMBER 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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038719

BR