

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

LAKE COUNTY RECORDER  
CAROLYN J. POLLARD  
ACTING RECORDER

2010 000141

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

ALLSTATE INSURANCE, P.O. BOX 440519,

KENNESAW, GA 30160

CL #0136413622

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

12<sup>TH</sup>

day of

MAY

20 09

and recorded on the

19<sup>TH</sup>

day of

MAY

20 09

(as instrument No.

05917762

) (in Hospital Lien Book, Page

2009033500

) 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

MELISSA RHODES

Regarding Patient Account Number

05917762

in the amount of

TWO THOUSAND

EIGHT HUNDRED FIFTY THREE AND 63/100

Dollars (\$

2,853.63

)

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

16<sup>TH</sup>

day of

DECEMBER

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 16<sup>TH</sup> Day of DECEMBER 20 09

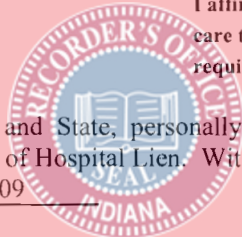
My Commission Expires: 02/14/17

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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038719

PM