

LAKE COUNTY RECORDER
CAROLYN J. POLLARD
ACTING RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 000159

2010 JAN -4 PM 2:11

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

INDIANA INSURANCE, P.O. BOX 515097,

LOS ANGELES, CA 90051

CL #350843214025

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

13TH

day of

OCTOBER

20 09

and recorded on the

4TH

day of

NOVEMBER

20 09

(as instrument No.

06047952

)

(in Hospital Lien Book, Page

2009073464

) 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

LAVAUN HULETT

Regarding Patient Account Number

06047952

in the amount of

TWENTY FOUR

THOUSAND EIGHT HUNDRED THIRTEEN AND 75/100

Dollars (\$

24,813.75

)

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

9TH

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 9TH 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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038649
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