

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 001927

2010 JAN 12 PM 12:39

CAROLYN J. POLLARD  
ACTING 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 STATE FARM INSURANCE, 11350 JOHNS CREEK PKWY.,

DULUTH, GA 30098 CL #40D200391 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18<sup>TH</sup> day of NOVEMBER 20 09

and recorded on the 11<sup>TH</sup> day of DECEMBER 20 09 (as instrument No.

06081944 ) (in Hospital Lien Book, Page 2009082345 ) 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 WILTON HALL

Regarding Patient Account Number 06081944 in the amount of SEVENTEEN

THOUSAND THREE HUNDRED SEVENTEEN AND 44/100 Dollars (\$ 17,317.44 )

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

29<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

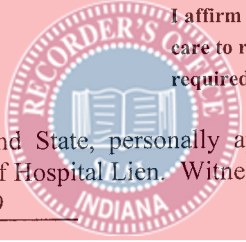
this 29<sup>TH</sup> Day of DECEMBER 20 09

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.

12<sup>00</sup>  
038865  
RM