

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 001929

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

ALLSTATE INSURANCE, P.O. BOX 440519,

KENNESAW, GA 30160

CL #0146600457

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

22ND

day of

SEPTEMBER

20 09

and recorded on the

29TH

day of

SEPTEMBER

20 09

(as instrument No.

06026008

) (in Hospital Lien Book, Page

2009066049

) 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

CHRISTINE HASTINGS-PARKER

Regarding Patient Account Number

06026008

in the amount of

TWO THOUSAND

FIVE HUNDRED THIRTEEN AND 34/100

Dollars (\$

2,513.34

)

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

29TH day of

DECEMBER

20

09

(STATE OF INDIANA)

() SS:

(COUNTY OF LAKE)

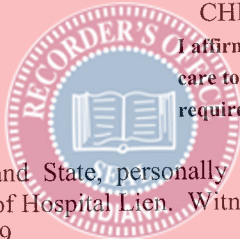
Before me, a Notary Public in and for said County and State, personally appeared CHRISTA HACKER who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 29TH Day of DECEMBER 20 09

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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