

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 003507

2010 JAN 20 PM 2:39

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 OMNI INSURANCE, P.O. BOX 105019,

ATLANTA, GA 30348 CL #200969401 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 23<sup>RD</sup> day of JUNE 20 09

and recorded on the 7<sup>TH</sup> day of JULY 20 09 (as instrument No.

05962180 ) (in Hospital Lien Book, Page 2009045938 ) 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 PATRICK KUNKA

Regarding Patient Account Number 05962180 in the amount of FIVE THOUSAND

ONE HUNDRED EIGHTY AND 00/100 Dollars (\$ 5,180.00 )

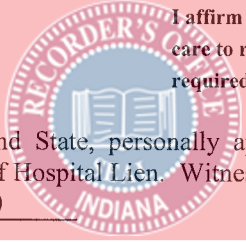
the Recorder is hereby authorized to release said lien solely as to the above described party this

6<sup>TH</sup> day of JANUARY 20 10

(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 6<sup>TH</sup> Day of JANUARY 20 10  
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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