

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 003509

2010 JAN 20 PM 2:39

CAROLYN J. FOLLARD
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 OHIO CASUALTY INSURANCE, P.O. BOX 188061,

FAIRFIELD, OH 45018 CL #503685750 in connection with the Notice of

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

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

05953533) (in Hospital Lien Book, Page 2009045948) 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 EVELYN TARNE

Regarding Patient Account Number 05953533 in the amount of TWO THOUSAND

NINETY SEVEN AND 02/100 Dollars (\$ 2,097.02)

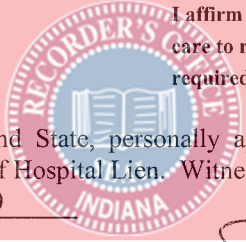
the Recorder is hereby authorized to release said lien solely as to the above described party this

6TH 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 6TH 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.

12-
#038956
50