

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 003516

2010 JAN 20 PM 2:40

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

TRAVELERS INSURANCE, P.O. BOX 5073,

INDIANAPOLIS, IN 46250

CL #FZM0932

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

7TH

day of

OCTOBER

20 09

and recorded on the

20TH

day of

OCTOBER

20 09

(as instrument No.

06033683

) (in Hospital Lien Book, Page

2009070644

) 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

CECILE ROZAK

Regarding Patient Account Number

06033683

in the amount of

THIRTY THOUSAND

FIVE HUNDRED SIXTY NINE AND 15/100

Dollars (\$

30,569.15

)

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

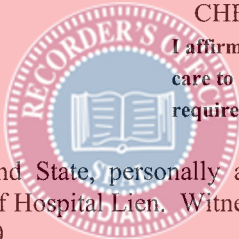
My Commission Expires: 02/14/17

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
SS