

2010 013013

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 MAR 10 PM 2:42

MICHELLE R. FAJMAN  
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 COMPANY, P.O. BOX 440519,

KENNESAW, GA 30160 CL #0146863154 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 2<sup>ND</sup> day of DECEMBER 20 09

and recorded on the 17<sup>TH</sup> day of DECEMBER 20 09 (as instrument No.

06079541 ) (in Hospital Lien Book, Page 2009083776 ) 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 MEGAN MYERS

Regarding Patient Account Number 06079541 in the amount of TWO THOUSAND

FIVE HUNDRED ELEVEN AND 00/100 Dollars (\$ 2,511.00 )

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

24<sup>TH</sup> day of FEBRUARY 20 10

(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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.

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 24<sup>TH</sup> Day of FEBRUARY 20 10  
My Commission Expires: 02/14/17  
Residing in Lake County, Indiana



*Lisa E. Ward*  
Lisa E. Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.

12-  
#039443  
SS