

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 014057

2010 MAR 16 PM 2:45

MICHELLE P. AJMAN
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 STATE FARM INSURANCE, P.O. BOX 2362,

BLOOMINGTON, IL 61702 CL #14-2388-350 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 9TH day of DECEMBER 20 09

and recorded on the 4TH day of JANUARY 20 10 (as instrument No.

06089480 & 06098100) (in Hospital Lien Book, Page 2010000167) 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 RICHARD BALAZS

Regarding Patient Account Number 06089480 & 06098100 in the amount of FIFTY FOUR THOUSAND

NINE HUNDRED NINETY ONE AND 21/100 Dollars (\$ 54,991.21)

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

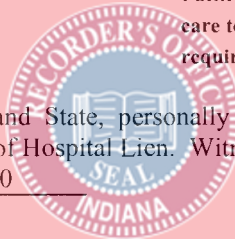
9TH day of MARCH 20 10

(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 9TH Day of MARCH 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.

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