

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 014070

2010 MAR 16 PM 2:46

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 AUTO OWNERS INSURANCE, P.O. BOX 470,

MISHAWAKA, IN 46546 CL #10201209 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 12<sup>TH</sup> day of MAY 20 09

and recorded on the 19<sup>TH</sup> day of MAY 20 09 (as instrument No.

05915088 ) (in Hospital Lien Book, Page 2009033482 ) 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 GEORGE CORRIGAN

Regarding Patient Account Number 05915088 in the amount of SIX THOUSAND

SEVEN HUNDRED TWENTY THREE AND 61/100 Dollars (\$ 6,723.61 )

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

3<sup>RD</sup> 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 3<sup>RD</sup> 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.

12<sup>00</sup>  
039528  
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