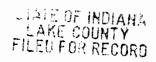
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The Community Hospital 901 MacArthur Blvd. Munster, Indiana 46321

## RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against INDIANA	FARM BUREAU INS., 2118 – 45 <sup>TH</sup> STREET,
HIGHLAND, IN 46322 CL #7101414	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	13 <sup>TH</sup> day of JANUARY 20 10
and recorded on the4 <sup>TH</sup> day ofFEBRUARY	20 10 (as instrument No.
06132002 ) (in Hospital Lien Book, Page	2010006579 ) 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 JANICE DEVRIES	'ICIAL!
Regarding Patient Account Number Docum 06132002	
SIXTY FOUR AND 50/100 the Lake Count	Dollars (\$ 2,064.50 )
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	Christa Hacken
(STATE OF INDIANA)	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT  I affirm under the penalties for perjury, that I have taken reasonable
(COUNTY OF LAKE)	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, persacknowledged the execution of the foregoing Release of Hospital Lie this 3 <sup>RD</sup> Day of MARCH 20 10  My Commission Expires: 02/14/17  Residing in Lake County, Indiana	sonalty appeared <u>CHRISTA HACKER</u> who

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

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