

2010 014074

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 MAR 16 PM 2:46

MICHELLE R. NAJMAN
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 2355,

BLOOMINGTON, IL 61702 CL #14-6058-500 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 28TH day of JANUARY 20 10

and recorded on the 17TH day of FEBRUARY 20 10 (as instrument No.

06133677) (in Hospital Lien Book, Page 2010008851) 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 TERRY EDWARDS.

Regarding Patient Account Number 06133677 in the amount of FOUR THOUSAND

EIGHTY NINE AND 34/100 Dollars (\$ 4,089.34)

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

3RD day of MARCH 20 10

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

Christa Hacker

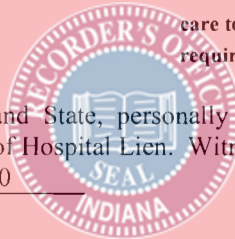
CHRISTA HACKER-PATIENT FINANCIAL SUPPORT
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 3RD 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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