

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 040329

2010 JUL 13 PM 2:11

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 BROTHERHOOD MUTUAL INSURANCE, P.O. BOX 2228,

FT. WAYNE, IN 46801 CL #426259 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 9TH day of JUNE 20 10

and recorded on the 24TH day of JUNE 20 10 (as instrument No.

06254617) (in Hospital Lien Book, Page 2010035868) 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 MADGE MARCINIEC

Regarding Patient Account Number 06254617 in the amount of SIXTEEN THOUSAND

ONE HUNDRED SIXTY AND 92/100 Dollars (\$ 16,160.92)

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

7TH day of JULY 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 7TH Day of JULY 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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