

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 043621

2010 JUL 28 PM 2:06

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

ST PAUL TRAVELERS INSURANCE, PO BOX 1843

MISHAWAKA, IN 46546 CL#CGH8300 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18TH day of October 20 06
and recorded on the 5TH day of April 20 06 (as instrument No. 3RD day of November 20 06)

05010097) (in Hospital Lien Book, Page 2006027987 &) in the office of the
2006096733

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

treatment and maintenance of CAROLE BOUROUGHES

Regarding Patient Account Number 05010097 in the amount of THIRTY ONE

THOUSAND SEVENTY FIVE AND 87/100 Dollars (\$ 31,075.87)

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

23RD day of JUNE 20 10

Lilliana Doughty
Lilliana Doughty-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.

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

Before me, a Notary Public in and for said County and State, personally appeared Lilliana Doughty who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 23rd Day of JUNE 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 Lilliana Doughty, Patient Representative, The Community Hospital.

✓ #040793
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RB