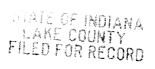
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The Community Hospital 901 MacArthur Blvd. Munster, Indiana 46321

RELEASE OF HOSPITAL LIEN

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

| d/b/a THE COMMUNITY HOSPITAL against STATE FAR | M INSURANCE, P.O. BOX 2362, |
|--|---|
| BLOOMINGTON, IL 61702 CL #14-2325-394 | in connection with the Notice of |
| Intention to Hold Hospital Lien which was executed the | 17 TH day of MARCH 20 10 |
| and recorded on the 9 TH day of APRIL | 20 10 (as instrument No. |
| 06179228) (in Hospital Lien Book, Page 20 | 10020321) 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 NICOLE PADGETT | · . |
| Regarding Patient Account Number 06179228 | in the amount of THREE HUNDRED |
| FORTY NINE AND 00/100 | Dollars (\$ 349.00) |
| the Recorder is hereby authorized to release said lien solely as to the above described party this | |
| | 0. 11. |
| | Christa Hacken |
| | CHRISTA HACKER-PATIENT FINANCIAL SUPPORT affirm under the penalties for perjury, that I have taken reasonable |
| (COTINETE ONLY ATTE | 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 <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal | |
| this 20 TH Day of AUGUST 20 10 | Solution of the second |
| My Commission Expires: <u>02/14/17</u> Residing in Lake County, Indiana | Lisa E. Ward, Notary Public |
| This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital. | |
| | AMOUNT \$ [2 |
| | CHECK # 041469 |
| | OVERAGE |
| | COPY |
| | NON - COM |
| | CLERK |