

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 050452

2010 SEP -1 PM 3: 14

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 ALLSTATE INSURANCE, P.O. BOX 218,

CAMBY, IN 46113 CL #0141236273 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 29TH day of DECEMBER 20 09

and recorded on the 12TH day of JANUARY 20 10 (as instrument No. 05999656, 50205097, 06015316) (in Hospital Lien Book, Page 2010001943) 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 JOANN SCHMITT

Regarding Patient Account Number 059999656, 50205097, 06015316 in the amount of TWO THOUSAND

ONE HUNDRED THIRTEEN AND 00/100 Dollars (\$ 2,113.00)

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

20TH day of AUGUST 20 10

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.

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

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 20TH Day of AUGUST 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.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 04469
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS