

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 055289

2010 SEP 23 AM 9:07

MICHAEL J. SAUMAN
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 LIBERTY MUTUAL INSURANCE, P.O. BOX 1052,

MONTGOMERYVILLE, PA 18936 CL #015549718-02 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 4TH day of AUGUST 20 10

and recorded on the 19TH day of AUGUST 20 10 (as instrument No.

06299823) (in Hospital Lien Book, Page 2010047795) 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 ROBERT RIDDLE

Regarding Patient Account Number 06299823 in the amount of TWO THOUSAND

THIRTY AND 69/100 Dollars (\$ 2,030.69)

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

9TH day of SEPTEMBER 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 9TH Day of SEPTEMBER 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 # 041694
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS