

2010 059689

2010 OCT 14 AM 10:13

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 SAFECO INSURANCE, P.O. BOX 515097,

LOS ANGELES, CA 90051 CL #104126900 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 9<sup>TH</sup> day of SEPTEMBER 20 10

and recorded on the 23<sup>RD</sup> day of SEPTEMBER 20 10 (as instrument No.

06288991 ) (in Hospital Lien Book, Page 2010055313 ) 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 STEVEN BODNAR SR.

Regarding Patient Account Number 06288991 in the amount of ONE THOUSAND

SEVENTY NINE AND 00/100 Dollars (\$ 1,079.00 )

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

30<sup>TH</sup> day of SEPTEMBER 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 30<sup>TH</sup> 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 # 041947  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK CIA