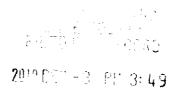
## 2010 072818



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	NDIANA FARM BUREAU, P.O. BOX 576,
MT. VERNON, IN 47620 CL #7103836	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	7 <sup>TH</sup> day of JULY 20 10
and recorded on the day of	20 10 (as instrument No.
06248343 ) (in Hospital Lien Book, Page	2010040342 ) 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 DOLORES LOPEZ	· ·
Regarding Patient Account Number 0	in the amount of TWO THOUSAND
ONE HUNDRED NINETY SEVEN AND 00/100	Dollars (\$ 2,197.00 )
the Recorder is hereby authorized to release said lien solely as to the above described party this	
18 <sup>TH</sup> day of NOVEMBER 20 10	- - 71 .
	Christa Hacker-Patient FINANCIAL SUPPORT
(STATE OF INDIANA)	I affirm under the penaltics for perjury, that I have taken reasonable
( ) SS: (COUNTY OF LAKE )	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 18 <sup>TH</sup> Day of NOVEMBER 20 10  My Commission Expires: 02/14/17	- Sin Elipson
Residing in Lake County, Indiana	Lisa E. Ward, Notary Public
This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.	
	AMOUNT \$ 12-
	CASHCHARGE
	OVERAGE
	COPY
	NON COM