

2010 072818

2010 DEC -3 PM 3:49

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 INDIANA 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 7TH day of JULY 20 10

and recorded on the 13TH day of JULY 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 06248343 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

18TH day of NOVEMBER 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 18TH Day of NOVEMBER 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 # 242538
OVERAGE _____
COPY _____
NON COM _____
CLERK SS