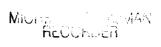


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The Community Hospital 901 MacArthur Blvd. Munster, Indiana 46321

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against STATE FARM INSURANCE, P.O. BOX 2362,
BLOOMINGTON, IL 61702 CL #14-3064-826 in connection with the Notice of
Intention to Hold Hospital Lien which was executed the 14 TH day of OCTOBER 20 10
and recorded on the 29 TH day of OCTOBER 20 10 (as instrument No.
06371259) (in Hospital Lien Book, Page 2010063034) 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 JUDITH ROLLINS
Regarding Patient Account Number 06371259 in the amount of TWO THOUSAND
NINE HUNDRED SIXTY THREE AND 00/100 Dollars (\$ 2,963.00)
the Recorder is hereby authorized to release said lien solely as to the above described party this
1 ST day of DECEMBER 20 10
Christa Hacker-Patient Financial Suppor
(STATE OF INDIANA) I affirm under the penalties for perjury, that I have taken reasonable
(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 1 ST Day of DECEMBER 20 10
My Commission Expires: 02/14/17 Residing in Lake County, Indiana Lisa E. Ward, Notary Public
This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital \$ /2 -
CASH CHARGE
CHECK #_ <u>PY</u> 2659
OVERAGE
COPY
NON-COM C