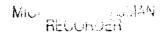


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The Community Hospital 901 MacArthur Blvd. Munster, Indiana 46321

RELEASE OF HOSPITAL LIEN

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

d/b/a THE COMMUNITY HOSPITAL against	GENERAL CASUALTY INSURANCE, P.O. BOX 975,
SUN PRAIRIE, WI 53590 CL #0911001718	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	8 TH day of JULY 20 10
and recorded on the 21 ST day of JULY	20 10 (as instrument No.
06242019) (in Hospital Lien Book, P	age 2010042444) 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 LOUISE SOBCZ	ZAK .
Regarding Patient Account Number	06242019 in the amount of THREE THOUSAND
SEVEN HUNDRED FORTY ONE AND 20/100	Dollars (\$ 3,741.20)
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 Harkin
	CHRISTA HACKER-PATIENT FINANCIAL SUPPOR
(STATE OF INDIANA)	I affirm under the penalties 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.
(COUNTY OF LAKE)	required by taw.
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 this 1 ST Day of DECEMBER 20 10	Hospital Lien. Witness my hand and Notarial Seal
My Commission Expires: 02/14/17	TIM C/1 and
Residing in Lake County, Indiana	Lisa E. Ward, Notary Public
This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital. 12-	
	CASH CHARGE
	CHECK #_042659
	OVERAGE
	COPY
	NON-COM
	CLERK S S