

2011 006651

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 FEB -4 PM 4:13

MICHAEL S. JOHNSON  
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 INDIANA INSURANCE, P.O. BOX 6063,

INDIANAPOLIS, IN 46206 CL #167507744012 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18<sup>TH</sup> day of NOVEMBER 20 10

and recorded on the 8<sup>TH</sup> day of DECEMBER 20 10 (as instrument No.

06393974 ) (in Hospital Lien Book, Page 2010072819 ) 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 MARY KEREKES

Regarding Patient Account Number 06393974 in the amount of TWO THOUSAND

ONE HUNDRED EIGHT AND 95/100 Dollars (\$ 2,108.95 )

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

20<sup>TH</sup> day of JANUARY 20 11

(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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.

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 20<sup>TH</sup> Day of JANUARY 20 11

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 # 043294  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON - COM \_\_\_\_\_  
CLERK SS