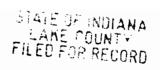
2011 006651



2011 FEB -4 PM 4: 13

MAN
RECURDER 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 INDIAN	JA 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	<u>2010072819</u> ) 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	FICIAL!
Regarding Patient Account Number Documents	4 in the amount of TWO THOUSAND
ONE HUNDRED EIGHT AND 95/100 the Lake Cou	inty Recorder! 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	
	Christa Hache
(STATE OF INDIANA)	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT  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 20 <sup>TH</sup> Day of JANUARY 20 11  My Commission Expires: 02/14/17	John Michael
Residing in Lake County, Indiana	Lisa E. Ward, Notary Public
This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.	
	AMOUNT \$ ルー
	CASHCHARGE
	CHECK # <b>0</b> 43294
	OVERAGE
	NON-COM
	CLERK SS