

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 007159

2011 FEB -8 PM 12: 35

MICHAEL E. FAJMAN
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

UNITED FIRE & CASUALTY, P.O. BOX 73909,

CEDAR RAPIDS, IA 52407

CL #1301004204

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

7TH

day of

APRIL

20 10

and recorded on the

29TH

day of

APRIL

20 10

(as instrument No.

06196412

) (in Hospital Lien Book, Page

2010024496

) 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

JOSEPHINE STEVENSON

Regarding Patient Account Number

06196412

in the amount of

TWENTY FIVE

THOUSAND SEVENTY SIX AND 45/100

Dollars (\$

25,076.45

)

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

26TH

day of

JANUARY

20

11

(STATE OF INDIANA)

() SS:

(COUNTY OF LAKE)

Christa Hacker

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

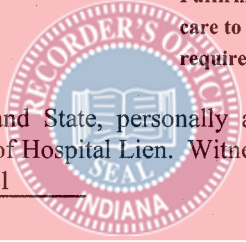
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 26TH 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 # 043364
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS