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MICHELLE J. JAGMAN
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 26TH day of JANUARY 20 11

and recorded on the 8TH day of FEBRUARY 20 11 (as instrument No.

50271915 & 50274942) (in Hospital Lien Book, Page 2011007171) 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 50271915 & 50274942 in the amount of THREE THOUSAND

NINETY FOUR AND 00/100 Dollars (\$ 3,094.00)

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

22ND day of FEBRUARY 20 11

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.

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

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 22ND Day of FEBRUARY 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 # 043654
OVERAGE _____
COPY _____
NON - COM _____
CLERK RM