

2011 011823

2011 MAR -1 AM 11:13

MICHAEL AJMAN
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 MET LIFE INSURANCE, P.O. BOX 410450,

CHARLOTTE, NC 28241 CL #SLC595250 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21ST day of APRIL 20 10

and recorded on the 5TH day of MAY 20 10 (as instrument No.

06208868) (in Hospital Lien Book, Page 2010025975) 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 MARITZA LOPEZ

Regarding Patient Account Number 06208868 in the amount of THREE THOUSAND

SEVEN HUNDRED SIXTY TWO AND 00/100 Dollars (\$ 3,762.00)

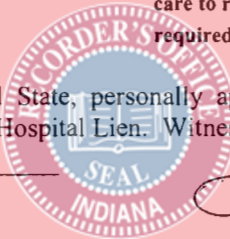
the Recorder is hereby authorized to release said lien solely as to the above described party this

22ND day of FEBRUARY 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 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 RAM