

2011 013391

2011 MAR -9 PM 12:57

MICHAEL J. FLORES
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

SAFECO INSURANCE, P.O. BOX 515097,

LOS ANGELES, CA 90051

CL #22-067907

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

16TH

day of

DECEMBER

20 10

and recorded on the

30TH

day of

DECEMBER

20 10

(as instrument No.

06397639

) (in Hospital Lien Book, Page

2010077776

) 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

DAVID FIREMAN

Regarding Patient Account Number

06397639

in the amount of

THREE THOUSAND

FOUR HUNDRED AND 00/100

Dollars (\$

3,400.00

)

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

2ND

day of

MARCH

20

11

(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 2ND Day of MARCH

20

11

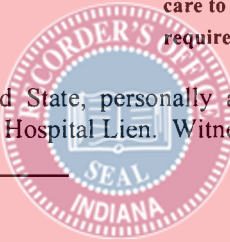
My Commission Expires: 02/14/17

Residing in Lake County, Indiana

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.



Lisa E. Ward

Lisa E. Ward, Notary Public

This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.

AMOUNT \$ 12⁰⁰

CASH _____ CHARGE _____

CHECK # 043751

OVERAGE _____

COPY _____

NON-COM _____

CLERK RM