

2011 017799

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 MAR 28 PM 2:57

MICHAEL J. 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 ALLSTATE INSURANCE, P.O. BOX 440519,

KENNESAW, GA 30160 CL #0179535462 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 1ST day of DECEMBER 20 10

and recorded on the 17TH day of DECEMBER 20 10 (as instrument No.

06372934 & 06375686) (in Hospital Lien Book, Page 2010074833) 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 BRADLEY DEAL

Regarding Patient Account Number 06372934 & 06375686 in the amount of TWO THOUSAND

FOUR HUNDRED SIXTY SIX AND 00/100 Dollars (\$ 2,466.00)

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

2ND day of MARCH 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.

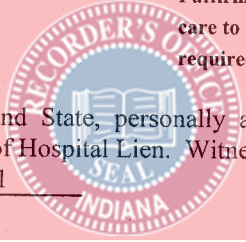
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 2ND Day of MARCH 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 # 043890
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS