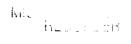


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The Community Hospital 901 MacArthur Blvd, Munster, Indiana 46321

## RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against STATE	FARM INSURANCE, P.O. BOX 2362,
BLOOMINGTON, IL 61702 CL #13A858805	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	11 <sup>TH</sup> day of NOVEMBER 20 10
and recorded on the 23 <sup>RD</sup> day of NOVEMBER	20 10 (as instrument No.
06259494 ) (in Hospital Lien Book, Page	
Recorder of LAKE County, Indiana, and was for the reasonable and	d necessary charges for hospital care,
treatment and maintenance of IRMA AMADOR	ment is
Regarding Patient Account Number  0625949  This Document	in the amount of the property of ONE THOUSAND
FIVE AND 00/100 the Lake Cou	inty Recooliers (\$ 1,005,00
the Recorder is hereby authorized to release said lien solely as to the	ne above described party this
day of APRIL 20 11	Christa Hachen
(STATE OF INDIANA)	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT  I affirm under the penalties for perjury, that I have taken reasonable
(COUNTY OF LAKE)	care to redact each Social Security number in this document, unless
Before me, a Notary Public in and for said County and State, p acknowledged the execution of the foregoing Release of Hospital L this 13 <sup>1H</sup> Day of APRIL 20 11	ersonally appeared CHRIST4 H4CKER who
this 13 <sup>1H</sup> Day of APRIL 20 11  My Commission Expires: 02/14/17  Residing in Lake County, Indiana	Lisa E. Ward, Notary Public
This instrument was prepared by CHRISTA HACKER, Patient Rep	OTANIAL
	AMOUNT \$ 12-
	CASHCHARGE
	CHECK # 044356
	OVERAGE
	COPY
	NON-COM
	CLERKSS