

2011 024486

2011 MAY -2 PM 12:25

MUNSTER MEDICAL RESEARCH FOUNDATION

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 2010068895 ) 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 IRMA AMADOR

Regarding Patient Account Number 06259494 in the amount of ONE THOUSAND

FIVE AND 00/100 Dollars (\$ 1,005.00 )

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

13<sup>TH</sup> day of APRIL 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 13<sup>TH</sup> Day of APRIL 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 # 044356  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON - COM \_\_\_\_\_  
CLERK SS