

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 MAY -6 AM 11:04

2011 025401

MICHAEL J. JUMAN  
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 AMERIPRISE, P.O. BOX 19018,

GREEN BAY, WI 54307 CL #1061996B202 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 13<sup>TH</sup> day of AUGUST 20 09

and recorded on the 27<sup>TH</sup> day of AUGUST 20 09 (as instrument No.

05975363 ) (in Hospital Lien Book, Page 2009059388 ) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

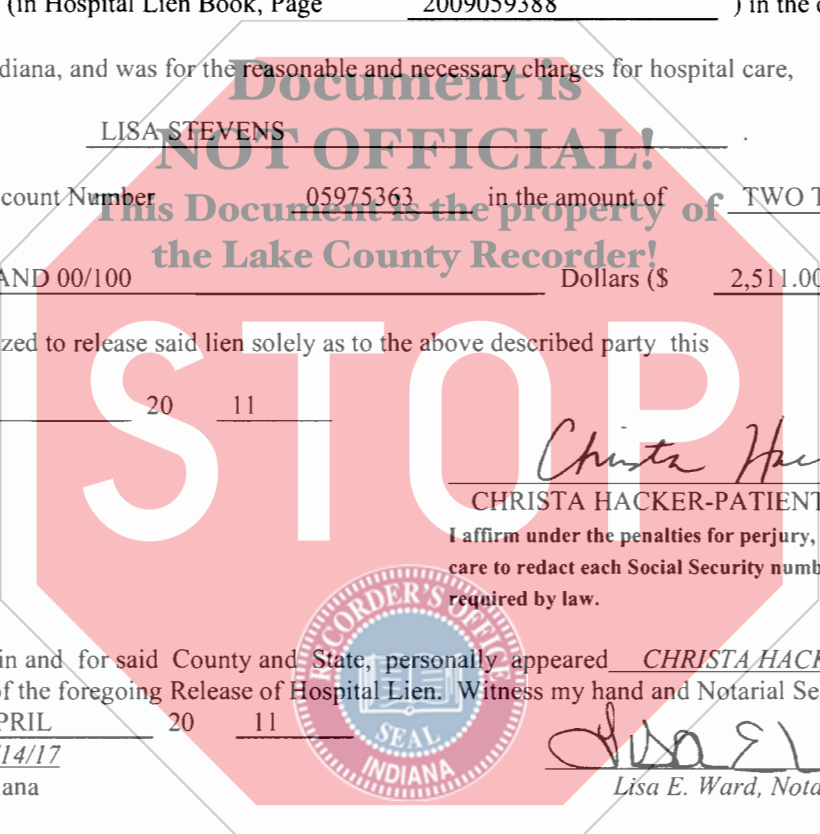
treatment and maintenance of LISA STEVENS.

Regarding Patient Account Number 05975363 in the amount of TWO THOUSAND

FIVE HUNDRED ELEVEN AND 00/100 Dollars (\$ 2,511.00 )

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

20<sup>TH</sup> day of APRIL 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 20<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 # 044462  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON - COM \_\_\_\_\_  
CLERK SS