

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 025403

2011 MAY -6 AM 11:04

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

IMC, 1739 RIDGE ROAD,

MUNSTER, IN 46321

DOA: 02/03/11

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

17TH

day of

MARCH

20 11

and recorded on the

7TH

day of

APRIL

20 11

(as instrument No.

06471847

) (in Hospital Lien Book, Page

2011020144

) 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

DONNIE BELILES

Regarding Patient Account Number

06471847

in the amount of

THIRTY THREE

THOUSAND SIX HUNDRED TWENTY TWO AND 29/100

Dollars (\$

33,622.29

)

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

20TH

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 20TH 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