

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 025407

2011 MAY -6 AM 11:04

MICHAEL S. BAUMAN  
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 GUIDE ONE INSURANCE, 7702 WOODLAND DR., SUITE 100,

INDIANAPOLIS, IN 46278 CL #13C23678 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 5<sup>TH</sup> day of JANUARY 20 11

and recorded on the 20<sup>TH</sup> day of JANUARY 20 11 (as instrument No.

06438404 ) (in Hospital Lien Book, Page 2011004141 ) 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 TONI WALKER

Regarding Patient Account Number 06438404 in the amount of TWO THOUSAND

NINE HUNDRED TWENTY ONE AND 40/100 Dollars (\$ 2,921.40 )

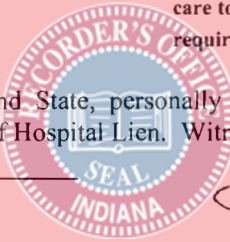
the Recorder is hereby authorized to release said lien solely as to the above described party this

20<sup>TH</sup> day of APRIL 20 11

(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 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 # 0444162  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON - COM \_\_\_\_\_  
CLERK SS