

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 025408

2011 MAY -6 AM 11:04

MICHELLE K. HUMAN  
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

AUTO OWNERS INSURANCE, P.O. BOX 10257,

CEDAR RAPIDS, IA 52410

CL #26-442-2011

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

30<sup>TH</sup>

day of

MARCH

20 11

and recorded on the

14<sup>TH</sup>

day of

APRIL

20 11

(as instrument No.

06477793

) (in Hospital Lien Book, Page

2011021232

) 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

MARK INGRATTA

Regarding Patient Account Number

06477793

in the amount of

TWO THOUSAND

FOUR HUNDRED THIRTEEN AND 00/100

Dollars (\$

2,413.00

)

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

(STATE OF INDIANA)

( ) SS:

(COUNTY OF LAKE )

*Christa Hacker*

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

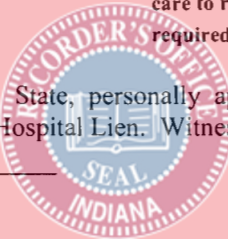
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 # 044462  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON - COM \_\_\_\_\_  
CLERK SS