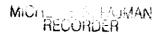
## STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 027528

2011 MAY 17 PM 1:29



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 CNA INS	SURANCE, P.O. BOX 8317,
CHICAGO, IL 60680 CL #E2504520	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	26 <sup>TH</sup> day of AUGUST 20 10
and recorded on the day of SEPTEMBER	2010 (as instrument No.
50252194 ) (in Hospital Lien Book, Page	2010052171 ) 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 VERNON CHARLESTON	'FICIAL!
Regarding Patient Account Number's Docu 50252192	
THREE HUNDRED THIRTY AND 00/100	Dollars (\$ 1,330.00
the Recorder is hereby authorized to release said lien solely as to the above described party this	
4 <sup>TH</sup> day of MAY 20 11	
	Christa Hacken
(STATE OF INDIANA)	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT  I affirm under the penalties for perjury, that I have taken reasonable
(COUNTY OF LAKE)	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 <u>CHRISTA HACKER</u> who	
acknowledged the execution of the foregoing Release of Hospital Li this 4 <sup>TH</sup> Day of MAY 20 11	ien. Witness my hand and Notarial Seal
My Commission Expires: 02/14/17 Residing in Lake County, Indiana	Lisa E. Ward, Notary Public
This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.	
	AMOUNT \$ 12 -
	CASH CHARGE
	CASHCHARGE CHECK #CLICLS 7.5
	OVERAGE
	COPY
	NON-COM-
	CLERK