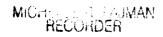


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The Community Hospital 901 MacArthur Blvd. Munster, Indiana 46321

## RELEASE OF HOSPITAL LIEN

 ${\it This is to \ certify that a \ certain \ claim \ by \ MUNSTER \ MEDICAL \ RESEARCH \ FOUNDATION}$ 

d/b/a THE COMMUNITY HOSPITAL against SEDGWICK CMS, P.O. BOX 14439,	
LEXINGTON, KY 40512 CL #301007200440001	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	day of AUGUST 20 10
and recorded on the <u>1ST</u> day of <u>SEPTEMBER</u> 20	10 (as instrument No.
06300150 ) (in Hospital Lien Book, Page 2010	) 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 IRENE HEUBNER	
Regarding Patient Account Number 06300150  This Document is the	in the amount of TWENTY TWO
THOUSAND TWO HUNDRED TEN AND 100/100 ake County	Rec Dollars (\$ 22,210.23 )
the Recorder is hereby authorized to release said lien solely as to the above 4 <sup>TH</sup> day of MAY 20 11	e described party this
(STATE OF INDIANA) ( ) SS:	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT firm under the penaltics for perjury, that I have taken reasonable re to redact each Social Security number in this document, unless quired 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 Lien. Witness my hand and Notarial Seal this <u>4<sup>TH</sup></u> Day of <u>MAY</u> 20 11  My Commission Expires: <u>02/14/17</u> Residing in Lake County, Indiana  Lisa E. Ward, Notary Public	
This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.	
	CASHCHARGE  CHECK #OLIUSIS  OVERAGE  COPY  NON-COM  CLERK