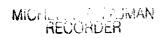


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The Community Hospital 901 MacArthur Blvd. Munster, Indiana 46321

## **RELEASE OF HOSPITAL LIEN**

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against TRAVI	ELERS INSURANCE, P.O. BOX 50473,
INDIANAPOLIS, IN 46209 CL #EMS0598	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	15 <sup>TH</sup> day of SEPTEMBER 20 10
and recorded on the 29 <sup>TH</sup> day of <u>SEPTEMBER</u> 50257066,	20 10 (as instrument No.
50249514, 50253152 ) (in Hospital Lien Book, Page	<u>2010056650</u> ) 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 DONNA REYNOLDS	66, 50249514,
Regarding Patient Account Number 502531	
EIGHTY SEVEN AND 00/100 the Lake Co	unty Recoolers (\$ 687.00 )
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 Hach
(STATE OF INDIANA)	CHRISTA HACKER-PATIENT FINANCIAL SUPPORT  I affirm under the penalties for perjury, that I have taken reasonable
( ) SS:	care to redact each Social Security number in this document, unless
(COUNTY OF LAKE )	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 4 <sup>TH</sup> Day of MAY 20 11	
My Commission Expires: <u>02/14/17</u>	San Called
Residing in Lake County, Indiana	DIANA Lisa E. Ward, Notary Public
This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.	
	AMOUNT \$ 12-
	CASH CHARGE
	CHECK #_ <u>044515</u>
	OVERAGE
	NON - COM
	CLERK