

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 027534

2011 MAY 17 PM 1:29

MICHELLE ADAM  
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 TRAVELERS 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 SEPTEMBER 20 10 (as instrument No.

06261822 ) (in Hospital Lien Book, Page 2010056651 ) 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

Regarding Patient Account Number 06261822 in the amount of SEVENTEEN

THOUSAND TWO HUNDRED FORTY FIVE AND 41/100 Dollars (\$ 17,245.41 )

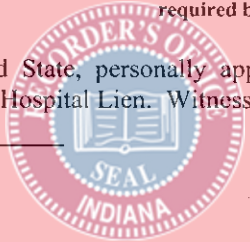
the Recorder is hereby authorized to release said lien solely as to the above described party this

4<sup>TH</sup> day of MAY 20 11

(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 4<sup>TH</sup> Day of MAY 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 # 044515  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON - COM \_\_\_\_\_  
CLERK S