

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 027537

2011 MAY 17 PM 1:29

MICHELLE S. FAJMAN
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 STATE FARM INSURANCE, P.O. BOX 2345,

BLOOMINGTON, IL 61702 CL #14-2182-098 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21ST day of JANUARY 20 08

and recorded on the 8TH day of FEBRUARY 20 08 (as instrument No.

05541516) (in Hospital Lien Book, Page 2008009287) 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 GARRETT JOHNSON

Regarding Patient Account Number 05541516 in the amount of TEN THOUSAND

SEVEN HUNDRED EIGHTY ONE AND 50/100 Dollars (\$ 10,781.50)

the Recorder is hereby authorized to release said lien solely as to the above described party this
4TH 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 4TH 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