

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 027538

2011 MAY 17 PM 1:29

MICHAEL LAJMAN
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 GEICO INSURANCE, ONE GEICO CENTER,

MACON, GA 31293 CL #0339434470101018 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 23RD day of SEPTEMBER 20 10

and recorded on the 7TH day of OCTOBER 20 10 (as instrument No.

50253939 & 50257467) (in Hospital Lien Book, Page 2010058404) 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 BRYON KAWA

Regarding Patient Account Number 50253939 & 50257467 in the amount of THREE THOUSAND

SIX HUNDRED EIGHTY SIX AND 00/100 Dollars (\$ 3,686.00)

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)

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

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.



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