

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 027987

2011 MAY 19 PM 1:29

MICHAEL J. 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 AMERIPRISE INSURANCE, 3500 PACKERLAND DRIVE,

DEPERE, WI 54115 CL #1227430G209 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 26TH day of AUGUST 20 10

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

06315514) (in Hospital Lien Book, Page 2010052174) 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 LAWANA SOBILO .

Regarding Patient Account Number 06315514 in the amount of TWO THOUSAND

NINETY FIVE AND 48/100 Dollars (\$ 2,095.48)

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

11TH 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 11TH 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 # 044594
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS

