

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 027988

2011 MAY 19 PM 1:29

MICHAEL CAJMAN  
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

ALLSTATE INSURANCE, P.O. BOX 218,

CAMBY, IN 46113

CL #0176591055

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

9<sup>TH</sup>

day of

SEPTEMBER

20 10

and recorded on the

23<sup>RD</sup>

day of

SEPTEMBER

20 10

(as instrument No.

06329084

) (in Hospital Lien Book, Page

2010055316

) 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

STEVEN PRESLIN

Regarding Patient Account Number

06329084

in the amount of

TWO THOUSAND

ONE HUNDRED EIGHTY ONE AND 20/100

Dollars (\$

2,181.20

)

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

11<sup>TH</sup>

day of

MAY

20

11

(STATE OF INDIANA)

( ) SS:

(COUNTY OF LAKE )

*Christa Hacker*

CHRISTA HACKER-PATIENT FINANCIAL SUPPORT

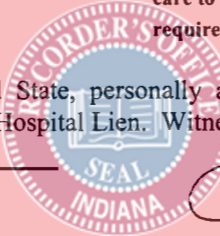
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 11<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 # 044594  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK SS