

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 028452

2011 MAY 23 AM 11:38

MICHAEL J. HOSMAN
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 SUPERVALU RISK MGMT., 150 PIERCE RD, SUITE 200,

ITASCA, IL 60143 CL #GL20101N047001 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14TH day of OCTOBER 20 10

and recorded on the 29TH day of OCTOBER 20 10 (as instrument No. 50258046, 06347095, 50261792) (in Hospital Lien Book, Page 2010063035) 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 BETTY BRIDGES

Regarding Patient Account Number 50258046, 06347095, 50261792 in the amount of TWO THOUSAND

THREE HUNDRED FORTY SEVEN AND 00/100 Dollars (\$ 7,343.25)

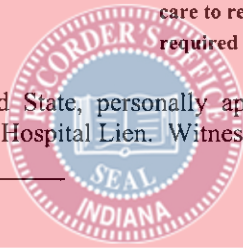
the Recorder is hereby authorized to release said lien solely as to the above described party this

18TH 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 18TH 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 # 044683
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS