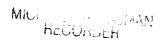


2011 MAY 23 AH 11: 38



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 ALLST	TATE INSURANCE, P.O. BOX 440519,
KENNESAW, GA 30160 CL #0192038180	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	9 TH day of MARCH 20 11
and recorded on the 28 TH day of MARCH	2011 (as instrument No.
06480035) (in Hospital Lien Book, Page	<u>2011017805</u>) 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 BARBARA FRYE	EETCIATI .
Regarding Patient Account Number 064800 This Document	in the amount of SEVEN THOUSAND of
THREE HUNDRED FORTY THREE AND 25/100 ake Co	
the Recorder is hereby authorized to release said lien solely as to 18 TH day of MAY 20 11 (STATE OF INDIANA) (COLUMN OR LAW (COLUMN OR LA	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
Before me, a Notary Public in and for said County and State, personally appeared <u>CHRISTA HACKER</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this <u>18TH</u> Day of <u>MAY</u> 20 11 My Commission Expires: <u>02/14/17</u> Residing in Lake County, Indiana This instance are as a late CHRISTA HACKER who	
This instrument was prepared by CHRISTA HACKER, Patient R	CASHCHARGE CHECK #COPY NON-COMCLERK