

2011 041793

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MICHELLE P. 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 AMERICAN FAMILY INSURANCE, 6000 AMERICAN PKWY.,

MADISON, WI 53783 CL #541610193 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14<sup>TH</sup> day of JULY 20 10

and recorded on the 28<sup>TH</sup> day of JULY 20 10 (as instrument No.

06281726 ) (in Hospital Lien Book, Page 2010043601 ) 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 KENT SAVAGE

Regarding Patient Account Number 06281726 in the amount of TWO THOUSAND

ONE HUNDRED THIRTY AND 00/100 Dollars (\$ 2,130.00 )

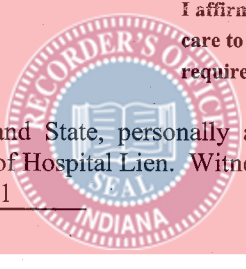
the Recorder is hereby authorized to release said lien solely as to the above described party this

22<sup>ND</sup> day of JUNE 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 22<sup>ND</sup> Day of JUNE 20 11  
My Commission Expires: 02/14/17  
Residing in Lake County, Indiana



Lisa E. Ward  
Lisa E. Ward, Notary Public

#12  
CM  
CA

This instrument was prepared by CHRISTA HACKER, Patient Representative, The Community Hospital.

COMMUNITY TITLE COMPANY  
FILE NO 111237