

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 044181

2011 AUG 17 AM 11:32

MICHELLE D. 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

STATE FARM INSURANCE P.O.BOX 2363

BLOOMINGTON, ILL. 61702 CL#14003N389

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 22ND day of JUNE 20 11

and recorded on the 29TH day of JUNE 20 11 (as instrument No.

50294730) (in Hospital Lien Book, Page 2011035406) 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 LEONARDA R. LUQUE

Regarding Patient Account Number 50294730 in the amount of TWO THOUSAND

SEVEN HUNDRED FORTY FOUR DOLLARS & 00/100 Dollars (\$ 2744.00)

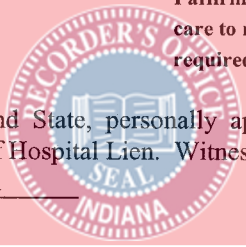
the Recorder is hereby authorized to release said lien solely as to the above described party this

29TH day of JULY 20 11

(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

Patricia J. Booyer
PATRICIA J. BOOYER-PATIENT FINANCIAL SERVICES
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 PATRICIA J. BOOYER who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 29TH Day of JULY 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 PATRICIA J. BOOYER, Patient Representative, The Community Hospital.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 045635
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS