

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 053452

2011 SEP 28 AM 9:07

MICHAEL J. MAN
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 *AMENDMENT*

8636 KENNEDY AVENUE, HIGHLAND, IN 46322 CLM#14-G091-523 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 13TH day of JULY 20 11

and recorded on the 22ND day of JULY 20 11 (as instrument No.

06595295 & 06601977) (in Hospital Lien Book, Page 2011040788) 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 CORNELIUS ERIKS

Regarding Patient Account Number 06595295 & 06601977 in the amount of ELEVEN THOUSAND

NINE HUNDRED THREE AND 70/100 Dollars (\$ 11,903.70)

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

21ST day of September 20 11

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

Lilliana Doughty
LILLIANA DOUGHTY-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 LILLIANA DOUGHTY who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 21ST Day of September 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 LILLIANA DOUGHTY, Patient Representative, The Community Hospital.

AMOUNT \$ 12⁰⁰
CASH _____ CHARGE _____
CHECK # 04632
OVERAGE _____
COPY _____
NON-COM _____
CLERK pd