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MICHELLE S. 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 ALLSTATE INSURANCE, 711 PLAZA DRIVE,  
CHESTERTON, IN 46304 CL #0225139823 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 9<sup>TH</sup> day of NOVEMBER 20 11  
and recorded on the 15<sup>TH</sup> day of NOVEMBER 20 11 (as instrument No.  
06663878 & 50312501 ) (in Hospital Lien Book, Page 2011064117 ) 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 AMY DYRHAUG

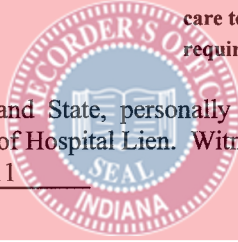
Regarding Patient Account Number 06663878 & 50312501 in the amount of NINE HUNDRED  
TWENTY SEVEN AND 32/100 Dollars (\$ 927.32 )

the Recorder is hereby authorized to release said lien solely as to the above described party this  
14<sup>TH</sup> day of DECEMBER 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 14<sup>TH</sup> Day of DECEMBER 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<sup>00</sup>  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 047254  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK LN