

2011 074395

2011 DEC 22 PM 1:07

MICHAEL 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 661011,

DALLAS, TX 75266

CL #14-4010583

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.

06578057

) (in Hospital Lien Book, Page 2011064119) 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

MARIE WELSH

Regarding Patient Account Number 06578057 in the amount of THREE THOUSAND

FIVE HUNDRED FORTY NINE AND 32/100

Dollars (\$ 3,549.32 )

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

*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.

(STATE OF INDIANA)

( ) SS:

(COUNTY OF LAKE )

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 \$ 1200

CASH \_\_\_\_\_ CHARGE \_\_\_\_\_

CHECK # 047254

OVERAGE \_\_\_\_\_

COPY \_\_\_\_\_

NON - COM \_\_\_\_\_

CLERK RA