

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 041912

2012 JUN 26 AM 8: 52

MICHAEL W. LAJMAN
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#140K91161 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7TH day of December 20 11

and recorded on the 19TH day of December 20 11 (as instrument No.

3000042602) (in Hospital Lien Book, Page 201073400) 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 PETER DURHAM

Regarding Patient Account Number 3000042602 in the amount of EIGHT THOUSAND

FOUR HUNDRED EIGHTEEN AND 64/100 Dollars (\$ 8,418.64)

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

19TH day of JUNE 20 12

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

Alison Adams
ALISON ADAMS-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 ALISON ADAMS who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 19TH Day of JUNE 20 12

My Commission Expires: 02/14/17
Residing in Lake County, Indiana

Lisa E. Ward
LISA E. WARD, Notary Public

This instrument was prepared by Alison Adams, Patient Representative, The Community Hospital.

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 049186
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS

