

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 041916

2012 JUN 26 AM 8:52

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#14-065J-772 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14TH day of MARCH 20 12

and recorded on the 27TH day of MARCH 20 12 (as instrument No.

3000086194 ) (in Hospital Lien Book, Page 2012020942 ) 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 DARLENE EDWARDS

Regarding Patient Account Number 3000086194 in the amount of THREE THOUSAND

NINE HUNDRED SIX AND 00/100 Dollars (\$ 3,906.00 )

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