

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 041920

2012 JUN 26 AM 8: 52

MICHAEL SAJJARI
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

FARM BUREAU INSURANCE PO BOX 6497

INDIANAPOLIS, IN 46206 CL#7112026

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21ST day of December 20 11

and recorded on the 4TH day of JANUARY 20 12 (as instrument No.

3000023111

3000023115) (in Hospital Lien Book, Page 2012000585) 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 BRIAN MISH

Regarding Patient Account Number 3000023111 in the amount of TWO THOUSAND

SIX HUNDRED TWENTY ONE AND 00/100 Dollars (\$ 2,621.00)

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)

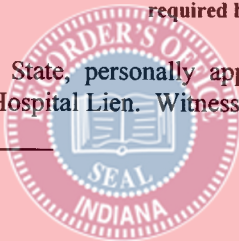
Alison Adams
ALISON ADAMS-PATIENT FINANCIAL SUPPORT
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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

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



Lisa E. Ward
LISA E. WARD, Notary Public

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