

2012 052692

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 AUG -7 AM 10:56

MUNSTER RECORDERS AJITAN 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 TRAVELERS INSURANCE PO BOX 94918

CLEVELAND, OH 44101 CL#U8R0922 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 11TH day of November 20 09

and recorded on the 30TH day of November 20 09 (as instrument No 06068822 06069284) (in Hospital Lien Book, Page 2009078976) 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 DIANE ZUICH

Regarding Patient Account Number 06068822 06069284 in the amount of FOUR THOUSAND

EIGHT AND 00/100 Dollars (\$ 4,008 00)

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

31ST day of JULY 20 12

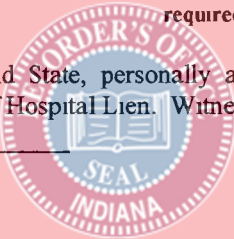
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 31ST Day of JULY 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 \$ 1200
CASH CHARGE
CHECK # 049652
OVERAGE
COPY
NON-COM
CLERK