

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 052693

2012 AUG -7 AM 10: 56

MICHELLE L. AJMAL  
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 BRISTOL WEST INSURANCE 5990 W. CREEK ROAD

INDEPENDENCE, OH 44131 CL#142385460 in connection with the Notice of

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

and recorded on the 30<sup>TH</sup> day of November 20 09 (as instrument No.

06060645 ) (in Hospital Lien Book, Page 2009078978 ) 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 BETTY JOHNSON

Regarding Patient Account Number 06060645 in the amount of TWO THOUSAND

FIVE HUNDRED ELEVEN AND 00/100 Dollars (\$ 2,511 00 )

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

31<sup>ST</sup> day of JULY 20 12

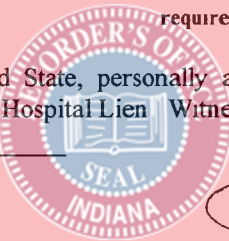
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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 31<sup>ST</sup> 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 \$ 12<sup>00</sup>  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 049652  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK LN