

2012 052711

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 AUG -7 AM 10: 57

MICROFILMED  
RECORDED  
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 NATIONWIDE MUTUAL INSURANCE 13085 HAMILTON

CROSSING BLVD CARMEL, IN 46302 CL#911320039246 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 16TH day of September 20 09

and recorded on the 23RD day of September 20 09 (as instrument No

50195718

50199540 ) (in Hospital Lien Book, Page 2009064990 ) 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 MILA MILOVAC

Regarding Patient Account Number 50195718 in the amount of THREE THOUSAND

SIX AND 00/100 Dollars (\$ 3,006 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

*Lisa E Ward*  
Lisa E Ward, Notary Public

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

AMOUNT \$ 12<sup>00</sup>  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 049652  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLEAR CLW

