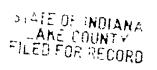
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MIC AJMAN
RECURDER Community Hospital
901 MacArthur Blvd.
Munster, Indiana 46321

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against NATION	WIDE 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	day of September 20 09
and recorded on the 23 RD day of September 50195718	20 09 (as instrument No
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 50195718	FICIAL
Regarding Patient Account Number 5019954	
	Reco 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	
	alisin adams
(STATE OF INDIANA)	ALISON ADAMS-PATIENT FINANCIAL SUPPORT I affirm under the penalties for perjury, that I have taken reasonable
(COUNTY OF LAKE)	care to redact each Social Security number in this document, unless
EL ROLL	R'SON
Before me, a Notary Public in and for said County and State, pe acknowledged the execution of the foregoing Release of Hospital L	
this 31ST Day of JULY 20 12	
My Commission Expires <u>02/14/17</u> Residing in Lake County, Indiana	Lisa E Ward, Notary Public
This instrument was prepared by Alison Adams, Patient Representat	tive, The Community Hospital.
	AMOUNT \$ 12 12
	CASH CHARGE
	CHECK # 04 9652
	OVERAGE
	COPY
	NON-COM
	GFELLIN