

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 052716

2012 AUG - 7 AM 10: 57

MUNSTER RECORDER ALMAN

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

CALIFORNIA CASUALTY INSURANCE PO BOX 39700

COLORADO SPRINGS, CO 80949 CL#6900096

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 2ND day of September 20 09

and recorded on the 9TH day of September 20 09 (as instrument No

06008840) (in Hospital Lien Book, Page 2009061886) 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 THOMAS JULI

Regarding Patient Account Number 06008840 in the amount of SIXTEEN THOUSAND

THREE HUNDRED FIFTY EIGHT AND 11/100 Dollars (\$ 16,358.11)

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 \$ 1200
CASH _____ CHARGE _____
CHECK # 049652
OVERAGE _____
COPY _____
NON - COM _____
CLERK RM