

2012 052719

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2012 AUG - 7 AM 10: 57

MUNSTER COMMUNITY HOSPITAL
RECORDER 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

SHELTER INSURANCE PO BOX 6007

COLUMBIA, MO 65205 CL#AT0000000264731

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 13TH day of August 20 09

and recorded on the 27TH day of August 20 09 (as instrument No

05937536) (in Hospital Lien Book, Page 2009059385) 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 ANNETTE ALICEA-HURSON

Regarding Patient Account Number 05937536 in the amount of ONE THOUSAND

ONE AND 34/100 Dollars (\$ 1,001.34)

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 \$ 1700
CASH _____ CHARGE _____
CHECK # 649652
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____