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2012 AUG 28 AM 11:51

MICHELLE R. FAJMAN  
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

AAA INSURANCE 975 MERIDIAN LAKE DR.

AURORA, IL 60504 CL#8480938

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

17<sup>TH</sup> day of JULY 20 12

and recorded on the

24<sup>TH</sup> day of JULY 20 12 (as instrument No.

3000222088

) (in Hospital Lien Book, Page 2012049115) 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

ALBERT M. HERRERA

Regarding Patient Account Number

3000222088

in the amount of

EIGHT THOUSAND

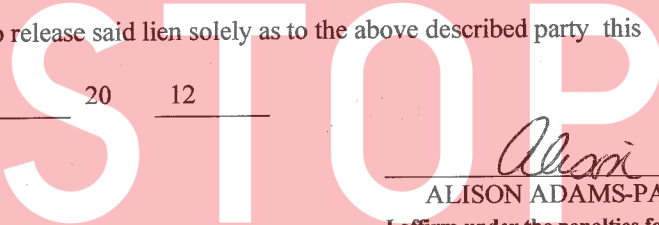
SIX HUNDRED FIFTEEN AND 88/100

Dollars (\$

8,615.88)

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

21<sup>ST</sup> day of AUGUST 20 12



*Alison Adams*

ALISON ADAMS-PATIENT FINANCIAL SUPPORT

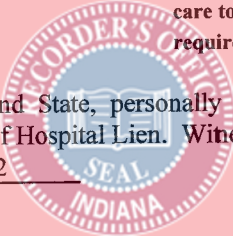
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

(STATE OF INDIANA)

( ) SS:

(COUNTY OF LAKE )

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 21<sup>ST</sup> Day of AUGUST 20 12



*Lisa E. Ward*

Lisa E. Ward, Notary Public

My Commission Expires: 02/14/17

Residing in Lake County, Indiana

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

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 049929  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SS