

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 058569

2012 AUG 28 AM 11:51

MICHELLE S. 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

17TH

day of

JULY

20 12

and recorded on the

24TH

day of

JULY

20 12

(as instrument No.

3000220266

) (in Hospital Lien Book, Page

2012049114

) 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

3000220266

in the amount of

FIVE THOUSAND

ONE HUNDRED NINE AND 51/100

Dollars (\$

5,109.51

)

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

21ST

day of

AUGUST

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 21ST

Day of

AUGUST

20

12

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-CONE _____
DEPUTY §