

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 058573

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 STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266-1011 CL#140-27L-334 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 21ST day of December 20 11

and recorded on the 4TH day of January 20 12 (as instrument No.

3000021680
3000046657) (in Hospital Lien Book, Page 2012000587) 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 CARMEN MALDONADO

Regarding Patient Account Number 3000021680
3000046657 in the amount of EIGHT THOUSAND

FOUR HUNDRED FORTY SEVEN AND 40/100 Dollars (\$ 8,447.40)

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. Witnessmy hand and Notarial Seal this 21ST Day of AUGUST 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 \$ 12-
CASH _____ CHARGE _____
CHECK# 049929
OVERAGE _____
COPY _____
NON-CONE _____
DEPUTY S