

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 061361

2012 SEP 11 PM 12:42

MICHAEL 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

AMERICAN FAMILY MUTUAL INSURANCE PO BOX 77040

MADISON, WI 53707 CL#541551120

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18TH day of JANUARY 20 08

and recorded on the 28TH day of JANUARY 20 08 (as instrument No.

05540269) (in Hospital Lien Book, Page 2008006396) 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 SUZANA ANTIC

Regarding Patient Account Number 05540269 in the amount of TWENTY TWO

THOUSAND FIVE HUNDRED THIRTY AND 20/100 Dollars (\$ 22,530.20)

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

4TH day of September 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 4TH Day of September 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# 050047
OVERAGE
COPY
NON-CONF
DEPUTY JD