

2012 061366

2012 SEP 11 PM 12:43

MICHAEL J. 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

PROGRESSIVE INSURANCE CO. PO BOX 512926

LOS ANGELES, CA 90051 CL#121225408

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 26TH day of JUNE 20 12

and recorded on the 3RD day of JULY 20 12 (as instrument No.

3000206896) (in Hospital Lien Book, Page 2012043794) 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 CRISTINA MAGALLANES

Regarding Patient Account Number 3000206896 in the amount of SIX THOUSAND

FORTY EIGHT AND 10/100 Dollars (\$ 6,048.10)

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 SS