

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 067193

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RECORDER'S SEAL
MICHELE R. FARMAN
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#14-138G062

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 31st day of JULY 20 12

and recorded on the 7TH day of AUGUST 20 12 (as instrument No.

3000216040,3000220373

3000232391) (in Hospital Lien Book, Page 2012052736) 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

DAVID P. HOSKINS

3000216040,3000220373

Regarding Patient Account Number 3000232391 in the amount of FOUR THOUSAND

FIFTY NINE AND 00/100

Dollars (\$ 4,059.00)

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

18TH 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 18TH Day of September 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.

Lisa E. Ward
Lisa E. Ward, Notary Public

AMOUNT \$ 12⁰⁰
CASH _____ CHARGE _____
CHECK # 050210
OVERAGE _____
COPY _____
NON-COM _____
CLERK RA