

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2012 067200

2012 SEP 24 PM 1:49

MICHELLE L. 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 HANOVER INSURANCE PO BOX 15145

WORCESTER, MA 01615 CL#1400734643 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30<sup>TH</sup> day of November 20 11

and recorded on the 12<sup>TH</sup> day of December 20 11 (as instrument No.

3000036560 ) (in Hospital Lien Book, Page 2011071573 ) 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 COLEEN ADLEY

Regarding Patient Account Number 3000036560 in the amount of TWO THOUSAND

ONE HUNDRED ELEVEN AND 87/100 Dollars (\$ 2,111.87 )

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

18<sup>TH</sup> 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 18<sup>TH</sup> 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 \$ 12.00  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 050210  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK AW