

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 067205

2012 SEP 24 PM 1:49

MICHAEL N. FARMAN
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

FARMERS INSURANCE PO BOX 268993

OKLAHOMA CITY, OK 73125 CL#101894297213

in connection with the Notice of

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

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

3000031904

3000032012

) (in Hospital Lien Book, Page 2011071581) 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

CHARLES SZO

3000031904

Regarding Patient Account Number 3000032012 in the amount of TWO THOUSAND

EIGHTY TWO AND 08/100

Dollars (\$ 2,082.08)

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

Lisa E. Ward
Lisa E. Ward, Notary Public

This instrument was prepared by Alison Adams, Patient Representative, The Community Hospital.

AMOUNT \$ 12⁰⁰
CASH _____ CHARGE _____
CHECK # 056240
OVERAGE _____
COPY _____
NON - COM _____
CLERK RT