

STATE OF INDIANA
LAKE COUNTY
LED FOR RECORD

2012 086819

2012 DEC 10 PM 1:28

LAKE COUNTY CLERK
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 FOUNDERS INSURANCE CO PO BOX 5100

DES PLAINES, IL 60017 CL#ITIN140850 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 5TH day of JUNE 20 08

and recorded on the 23RD day of JUNE 20 08 (as instrument No

05560291) (in Hospital Lien Book, Page 2008045539) 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 MARY SHLOSS

Regarding Patient Account Number 05560291 in the amount of SEVEN THOUSAND

NINE HUNDRED NINETY FOUR AND 50/100 Dollars (\$ 7,994.50)

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

4TH day of December 20 12

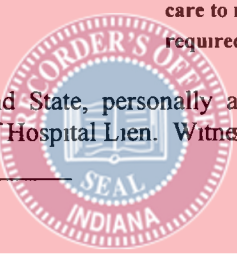
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 December 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 \$ 12-
CASH _____ CHARGE _____
CHECK # 051116
OVERAGE _____
COPY _____
NON-COM _____
CLERK SS