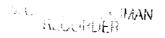


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The Community Hospital 901 MacArthur Blvd. Munster, Indiana 46321

## RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

d/b/a THE COMMUNITY HOSPITAL against ST	ATE FARM INSURANCE PO BOX 661011
DALLAS, TX 75266 CL#14-211K568	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	6 <sup>TH</sup> day of November 20 12
and recorded on the $13^{TH}$ day of November	20 12 (as instrument No.
3000328506 ) (in Hospital Lien Book, Page	<u>2012079812</u> ) 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 OSCAR GUZMAN	OFFICIAL.
	00328506 in the amount of SEVEN THOUSAND OF
ONE HUNDRED NINETY SIX AND 00/100 he Lake	County Rec Dollars (\$ 7,196.00 )
the Recorder is hereby authorized to release said lien solely as to the above described party this	
18 <sup>TH</sup> day of December 20 12	
	alisix adams
(CTL CTL OF MINALMA)	ALISON ADAMS-PATIENT FINANCIAL SUPPORT
(STATE OF INDIANA) ( ) SS:	I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless
(COUNTY OF LAKE )	required by law.
Before me, a Notary Public in and for said County and State, personally appeared <u>ALISON ADAMS</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal	
this 18 <sup>TH</sup> Day of December 20 12	
My Commission Expires: 02/14/17 Residing in Lake County, Indiana This in the property of the Adian Address Parkets	Lisa E. Ward, Notary Public
This instrument was prepared by Alison Adams, Patient Repre	esentative, The Community Hospital.
	AMOUNT \$ /2-
	CASHCHARGE
	CHECK#
	OVERAGE
	COPY
	NON-CONF
	DEPUTY 🐸