

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 091781

2012 DEC 27 PM 3:44

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

STATE 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 6TH day of November 20 12

and recorded on the 13TH day of November 20 12 (as instrument No.

3000328506) (in Hospital Lien Book, Page 2012079812) 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

Regarding Patient Account Number 3000328506 in the amount of SEVEN THOUSAND

ONE HUNDRED NINETY SIX AND 00/100 Dollars (\$ 7,196.00)

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

18TH 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 18TH Day of December 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-
CASH _____ CHARGE _____
CHECK# 051282
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS