

2013 020400

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 MAR 18 PM 3:25

MICHAEL B. BROWN  
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#14-058T-415

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

11<sup>TH</sup> day of January 20 12

and recorded on the

18<sup>TH</sup> day of January 20 12 (as instrument No.

3000051277

) (in Hospital Lien Book, Page

2012004863

) 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

THEODORE FLORES JR.

Regarding Patient Account Number

3000051277

in the amount of

THREE THOUSAND

TWO HUNDRED SIXTY SIX AND 00/100

Dollars (\$

3,266.00

)

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

12<sup>TH</sup> day of MARCH 20 13

(STATE OF INDIANA)

( ) SS:

(COUNTY OF LAKE )

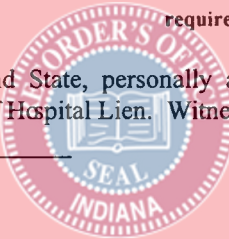
Alison Adams  
ALISON ADAMS-PATIENT FINANCIAL SUPPORT  
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 12<sup>TH</sup> Day of MARCH 20 13

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# 052205  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SP