

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 022119

2013 MAR 26 AM 8:57

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#14-188T-784 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30TH day of October 20 12

and recorded on the 6TH day of November 20 12 (as instrument No.

3000295343) (in Hospital Lien Book, Page 2012078392) 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 DONNA J. WANICKI

Regarding Patient Account Number 3000295343 in the amount of TWENTY THOUSAND

FIVE HUNDRED FIFTY FOUR AND 10/100 Dollars (\$ 20,554.10)

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

19TH day of MARCH 20 13

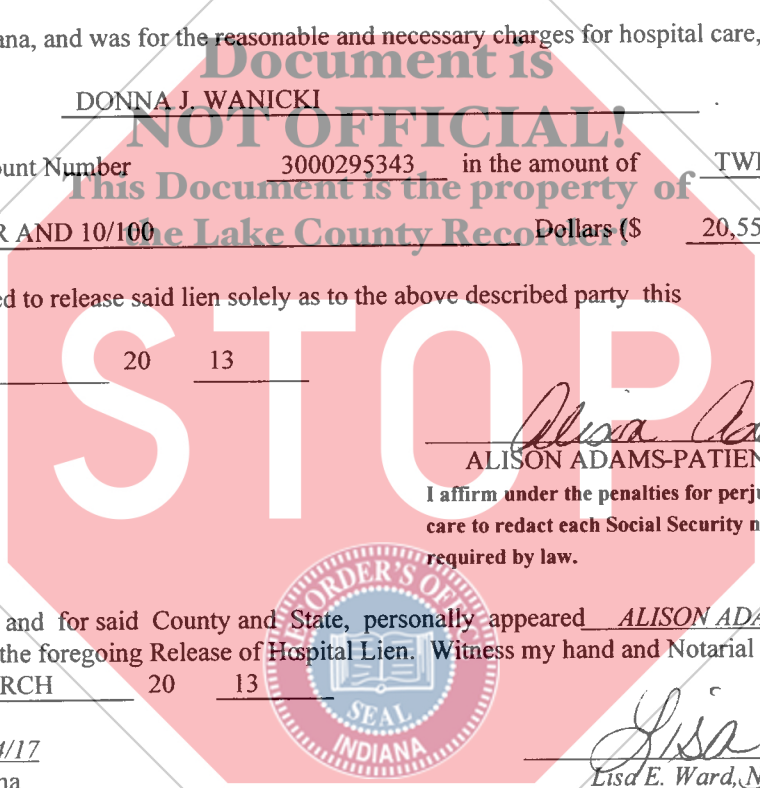
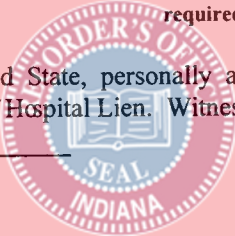
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 19TH 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



AMOUNT \$ 1200
CASH _____ CHARGE 052300
CHECK # _____
OVERAGE _____
COPY _____
NON-COPY _____
CLEAN _____ RM