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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 GEICO INSURANCE ONE GEICO CENTER

MACON, GA 31296 CL#0362793470101058 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30<sup>TH</sup> day of January 20 13

and recorded on the 5<sup>TH</sup> day of February 20 13 (as instrument No.

3000390867 ) (in Hospital Lien Book, Page 2013009346 ) 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 DALE O'DAY

Regarding Patient Account Number 3000390867 in the amount of FORTY FIVE THOUSAND

NINE HUNDRED SEVENTY AND 96/100 Dollars (\$ 45,970.96 )

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

19<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 19<sup>TH</sup> Day of MARCH 20 13

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<sup>00</sup>  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 652300  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK RW

