

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 022122

2013 MAR 26 AM 8:57

MICHAEL S. 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 AMERICAN ACCESS INSURANCE 1 S. 450 SUMMIT AVE

SUITE 230 OAK BROOK TERRACE, IL 60181 CL#1207161330 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18TH day of December 20 12

and recorded on the 27TH day of December 20 12 (as instrument No.

3000244249) (in Hospital Lien Book, Page 2012091796) 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 SHIRLEY M. MCKNIGHT

Regarding Patient Account Number 3000244249 in the amount of FIFTEEN THOUSAND

TWENTY NINE AND 10/100 Dollars (\$ 15,029.10)

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

Lisa E. Ward
Lisa E. Ward, Notary Public

This instrument was prepared by Alison Adams, Patient Representative, The Community Hospital

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

