

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 028440

2013 APR 22 AM 10:38

MICHAEL D. 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#14-254G140 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 6<sup>TH</sup> day of MARCH 20 13

and recorded on the 11<sup>TH</sup> day of MARCH 20 13 (as instrument No.

3000424910 ) (in Hospital Lien Book, Page 2013018018 ) 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 ELVIA FUENTES

Regarding Patient Account Number 3000424910 in the amount of FIVE THOUSAND

TWENTY FOUR AND 67/100 Dollars (\$ 5,024.67 )

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

9<sup>TH</sup> day of APRIL 20 13

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

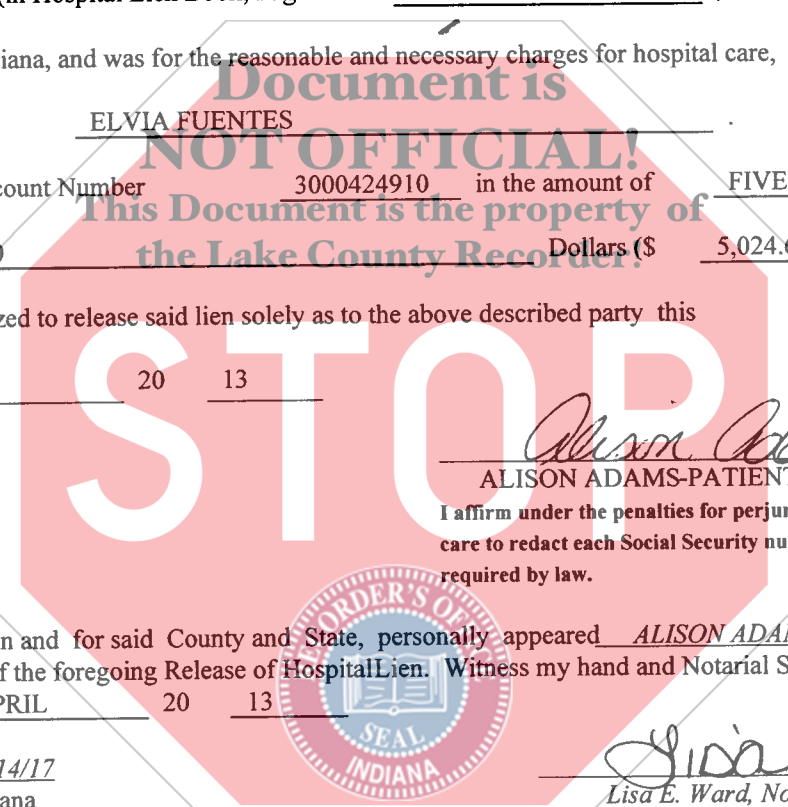
Alison Adams  
ALISON ADAMS-PATIENT FINANCIAL SUPPORT  
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 9<sup>TH</sup> Day of APRIL 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-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 052539  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CC\*\* \_\_\_\_\_  
CLERK - SS \_\_\_\_\_