

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 045491

2013 JUN 20 AM 10:13

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

INDIANA INSURANCE PO BOX 515097

LOS ANGELES, CA 90051 CL#804835580

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 29TH day of MAY 20 12

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

3000185165) (in Hospital Lien Book, Page 2012038795) 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 FELIX S. BELKO

Regarding Patient Account Number 3000185165 in the amount of EIGHTY ONE

THOUSAND TWO HUNDRED FIFTY SIX AND 94/100 Dollars (\$ 81,256.94)

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

11TH day of JUNE 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 11TH Day of JUNE 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 # 053284
OVERAGE _____
COPY _____
NON-COM _____
CLERK LA