

2013 052474

2013 JUL 17 PM 12: 58

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 FOUNDERS INSURANCE PO BOX 5100

DES PLAINES, IL 60017 CL#1000063354 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 12TH day of MARCH 20 13

and recorded on the 18TH day of MARCH 20 13 (as instrument No.

3000421232) (in Hospital Lien Book, Page 2013020402) 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 MARLENA FAYSON

Regarding Patient Account Number 30000421232 in the amount of TWENTY THREE

THOUSAND FOUR HUNDRED NINE AND 43/100 Dollars (\$ 23,409.43)

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

10TH day of JULY 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 10TH Day of JULY 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# 053640
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS