

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 053429

2013 JUL 22 PM 1:16

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

LIBERTY MUTUAL INSURANCE PO BOX 7214

LONDON, KY 40744 CL#61180000

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 23RD day of APRIL 20 13

and recorded on the 30TH day of APRIL 20 13 (as instrument No.

3000461210) (in Hospital Lien Book, Page 2013030656) 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 SUSIE M. MALONE

Regarding Patient Account Number 3000461210 in the amount of FIVE THOUSAND

THREE HUNDRED FIFTY TWO AND 21/100 Dollars (\$ 5,352.21)

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

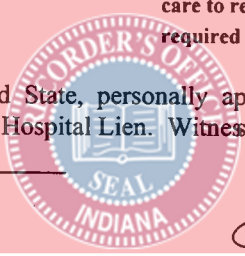
16TH day of JULY 20 13

(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 16TH Day of JULY 20 13

Lisa E. Ward
Lisa E. Ward, Notary Public

My Commission Expires: 02/14/17
Residing in Lake County, Indiana

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

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 053745
OVERAGE _____
COPY _____
NON - COM _____
CLERK at