

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 053435

2013 JUL 22 PM 1:17

MICHAEL A. BROWN  
RECORDED  
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#13-254F106

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

28<sup>TH</sup> day of MAY 20 13

and recorded on the 5<sup>TH</sup> day of JUNE 20 13 (as instrument No.

3000421185 ) (in Hospital Lien Book, Page 2013041078 ) 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 TIFFANY CLEEK-BALOG


Regarding Patient Account Number 3000421185 in the amount of FIVE THOUSAND

FOUR HUNDRED SIXTY EIGHT AND 68/100 Dollars (\$ 5,468.68 )

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

16<sup>TH</sup> day of JULY 20 13

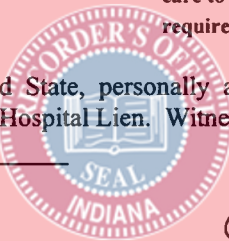
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

  
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 16<sup>TH</sup> Day of JULY 20 13

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

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



  
Lisa E. Ward, Notary Public

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 05 3745  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK RT