

2013 057479

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 AUG -5 PM 3:18

HIGHWAY RECORDERS
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 75266-1011 CL#14-175B580

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

21ST day of AUGUST 20 12

and recorded on the

28TH day of AUGUST 20 12 (as instrument No.

3000261355

) (in Hospital Lien Book, Page

2012058600

) 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

JOSH ALBRIGHT

Regarding Patient Account Number

300261355

in the amount of

TWELVE THOUSAND

TWO HUNDRED FIFTY SIX AND 21/100

Dollars (\$

12,256.21

)

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

30TH

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

30TH

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
Lisa E. Ward, Notary Public

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 053932
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS