

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 089120

2013 DEC -4 AM 9:44

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

PROGRESSIVE INSURANCE PO BOX 512926

LOS ANGELES, CA 90051 CL#115119507

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

7<sup>TH</sup> day of MARCH 20 12

and recorded on the 16<sup>TH</sup> day of MARCH 20 12 (as instrument No.

3000094819

3000096757 ) (in Hospital Lien Book, Page 2012018889 ) 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 CHARLYNE JAMES

3000094819

Regarding Patient Account Number 3000096757 in the amount of THREE THOUSAND

THREE HUNDRED FIVE AND 00/100

Dollars (\$ 3,305.00 )

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

5<sup>TH</sup> day of November 20 13

*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.

(STATE OF INDIANA)

( ) SS:

(COUNTY OF LAKE )

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 5<sup>TH</sup> Day of November 20 13

My Commission Expires: 08/15/2014

Residing in Lake County, Indiana

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

*Gayle Brumley*  
GAYLE BRUMLEY, Notary Public

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 055383  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK CM