

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 089125

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#12-4239638 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18TH day of September 20 12

and recorded on the 24TH day of September 20 12 (as instrument No.

3000272244
3000274936) (in Hospital Lien Book, Page 2012067216) 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 PHILIP WACHOWSKI

Regarding Patient Account Number 3000272244
3000274936 in the amount of EIGHTEEN THOUSAND

FIVE HUNDRED SEVENTY TWO AND 19/100 Dollars (\$ 18,572.19)

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

5TH day of November 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 5TH Day of November 20 13

My Commission Expires: 08/15/2014
Residing in Lake County, Indiana

Gayle Brumley
GAYLE BRUMLEY, Notary Public

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

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 055383
OVERAGE _____
COPY _____
NON-COM _____
CLERK RM