

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 090209

2013 DEC -9 PM 12:36

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

STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#14-263K764

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 4<sup>TH</sup> day of JUNE 20 13

and recorded on the 10<sup>TH</sup> day of JUNE 20 13 (as instrument No.

3000452433

3000470007 ) (in Hospital Lien Book, Page 2013042210 ) 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 SARA K. CLARK

Regarding Patient Account Number 3000452433 in the amount of FIVE THOUSAND

FIVE HUNDRED SIXTY NINE AND 00/100 Dollars (\$ 5,569.00 )

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

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

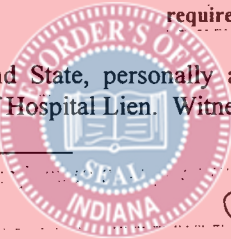
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

*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 26<sup>TH</sup> Day of November 20 13



*Lisa E. Ward*  
LISA E. WARD, Notary Public

My Commission Expires: 2/14/17

Residing in Lake County, Indiana

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

AMOUNT \$ 12-  
CASH CHARGE  
CHECK# 055623  
OVERPAGE  
COPY  
NON COPIE  
DEPUTY SS