

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 091781

2013 DEC 17 AM 8:37

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

ALLSTATE INSURANCE PO BOX 440519

KENNESAW, GA 30160 CL#0227736543

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

23<sup>RD</sup> day of February 20 12

and recorded on the

6<sup>TH</sup> day of MARCH 20 12 (as instrument No.

3000076346

) (in Hospital Lien Book, Page

2012015781

) 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

ROBIN BECKER

Regarding Patient Account Number

3000076346

in the amount of

TWO THOUSAND

ONE HUNDRED THIRTY ONE AND 00/100

00/100 Dollars (\$

2,131.00

)

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

10<sup>TH</sup>

day of

December

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.

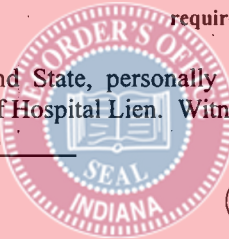
Before me, a Notary Public in and for said County and State, personally appeared ALISON ADAMS who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal

this 10<sup>TH</sup> Day of December 20 13

My Commission Expires: 2/14/17

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

12.00  
55860  
PP