

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 091782

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 STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#13A858805 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 11TH day of November 20 10

and recorded on the 23RD day of November 20 10 (as instrument No.

06259504) (in Hospital Lien Book, Page 2010068893) in the office of the

Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,

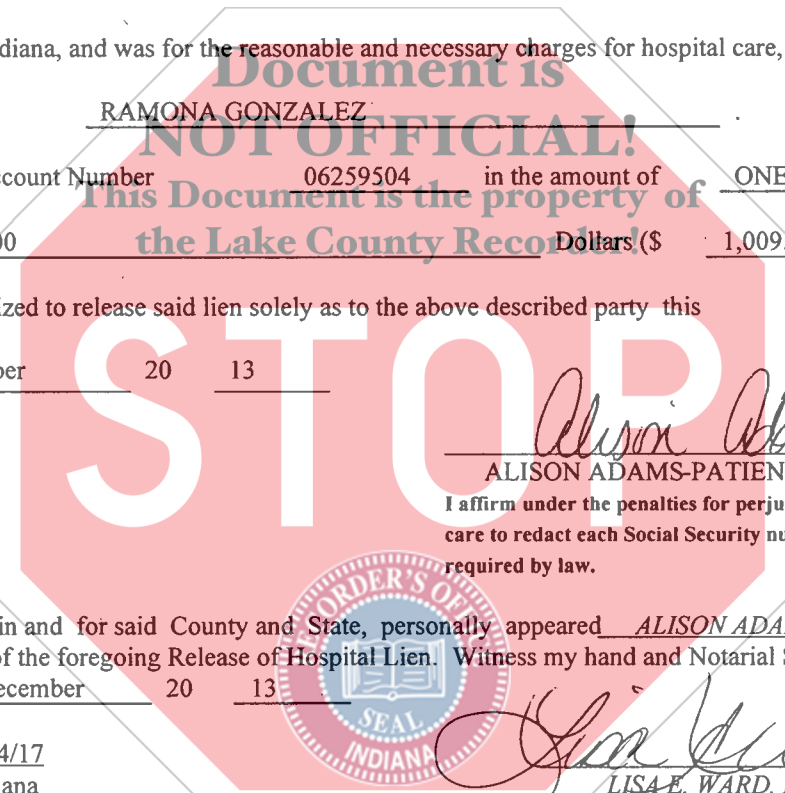
treatment and maintenance of RAMONA GONZALEZ

Regarding Patient Account Number 06259504 in the amount of ONE THOUSAND

NINE DOLLARS AND 00/100 Dollars (\$ 1,009.00)

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

10TH day of December 20 13



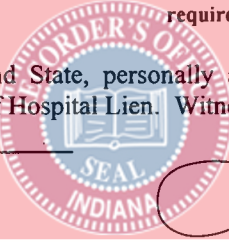
Alison Adams

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 10TH Day of December 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

12-00
55860
PP