

2014 006998

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 FEB -5 PM 12:21

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 MENARDS 1000 US HIGHWAY 41
SCHERERVILLE, IN 46375 CL#ML2927842 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 10TH day of December 20 13
and recorded on the 17TH day of December 20 13 (as instrument No.
3000600822) (in Hospital Lien Book, Page 2013091784) 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 LOIS E. TURNER

Regarding Patient Account Number 3000600822 in the amount of SEVEN THOUSAND
THREE HUNDRED EIGHTY FIVE AND 14/100 Dollars (\$ 7,385.14)

the Recorder is hereby authorized to release said lien solely as to the above described party this
28TH day of January 20 14

(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 28TH Day of January 20 14

My Commission Expires: 2/14/17
Residing in Lake County, Indiana

Lisa E. Ward
LISA E. WARD, Notary Public

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

AMOUNT \$ 12
CASH _____ CHARGE _____
CHECK# 0516485
OVERAGE _____
COPY _____
NON-CONE _____
DEPUTY 8