

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 008128

2014 FEB 11 AM 11:53

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#14-252X142

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 18TH day of JUNE 20 13

and recorded on the 25TH day of JUNE 20 13 (as instrument No.

3000419254) (in Hospital Lien Book, Page 2013046135) 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 DARLENE HENDERSON

Regarding Patient Account Number 3000419254 in the amount of NINE HUNDRED

SIXTY EIGHT AND 00/100 Dollars (\$ 968.00)

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

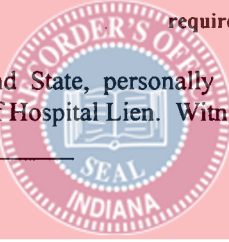
4TH day of February 20 14

(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 4TH Day of February 20 14



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# 056584
OVERAGE
COPY
NON-CONF
DEPUTY SS