

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 008130

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 CI#14-109G788

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

31ST day of December 20 13

and recorded on the 14TH day of January 20 14 (as instrument No.

3000605408

3000607908

) (in Hospital Lien Book, Page 2014001934) 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 CYNTHIA PETERS

3000605408

Regarding Patient Account Number

3000607908

in the amount of

THREE HUNDRED

NINETY SIX AND 05/100

Dollars (\$

396.05

)

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

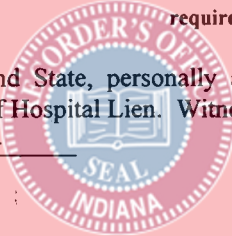
4TH day of February 20 14

(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



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# 086584
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SB