

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 029485

2014 MAY 22 AM 11:56

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 2362

BLOOMINGTON, IL 61702 CL#14-2183-450

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 10<sup>TH</sup> day of JULY 20 08

and recorded on the 28<sup>TH</sup> day of JULY 20 08 (as instrument No.

05667036 ) (in Hospital Lien Book, Page 2008053851 ) 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 CHRIS ADAMS

Regarding Patient Account Number 05667036 in the amount of SEVENTEEN THOUSAND

THREE HUNDRED NINETY THREE AND 20/100 Dollars (\$ 17,393.20 )

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

12<sup>TH</sup> day of MAY 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 12<sup>TH</sup> Day of MAY 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# 057949  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY 8