

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029488

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

TRAVELERS INSURANCE PO BOX 50473

INDIANAPOLIS, IN 46250 CL#A9Q3942

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 20TH day of MARCH 20 08

and recorded on the 14TH day of APRIL 20 08 (as instrument No.

05524481, 05545419

05527836) (in Hospital Lien Book, Page 2008026039) 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 KARL GRAHAM

05524481, 05545419


Regarding Patient Account Number 05527836 in the amount of SEVEN THOUSAND

NINE HUNDRED FORTY SEVEN AND 00/100 Dollars (\$ 7,947.00)

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

12TH day of MAY 20 14

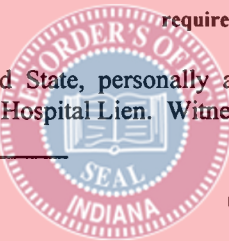
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)


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 12TH Day of MAY 20 14

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

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




LISA E. WARD, Notary Public

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 057149
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY 3