

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029489

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#14-2185-251

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

14TH day of February 20 08

and recorded on the

10TH day of MARCH 20 08 (as instrument No.

05546085

) (in Hospital Lien Book, Page

2008016970

) 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

DAVID SHANER

Regarding Patient Account Number

05546085

in the amount of

FOURTEEN THOUSAND

ONE HUNDRED THIRTY THREE AND 00/100

Lake County Recorder Dollars (\$

14,133.00

)

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

LISA E. WARD, Notary Public

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 057949
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY _____