

2014 029497

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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

FARMERS INSURANCE PO BOX 268994

OKLAHOMA CITY, OK 73126 CL#1011955532-1-1

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

17TH day of JULY 20 08

and recorded on the

28TH day of JULY 20 08 (as instrument No.

05628258

) (in Hospital Lien Book, Page

2008053844

) 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

ALESSANDRA MARTIN

Regarding Patient Account Number

05628258

in the amount of

TWELVE THOUSAND

ONE HUNDRED EIGHTY NINE AND 60/100

TH of ONE HUNDRED

Dollars (\$

12,189.60)

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
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.

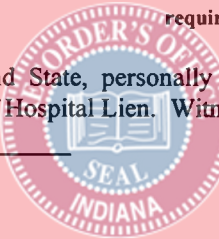
Before me, a Notary Public in and for said County and State, personally appeared ALISON ADAMS who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal

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 SS