

2014 029502

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 MAY 22 AM 11:57

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

ALLSTATE INSURANCE COMPANY PO BOX 440519

KENNESAW, GA 30160 CL#5560706870

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 30<sup>TH</sup> day of JUNE 20 08

and recorded on the 15<sup>TH</sup> day of JULY 20 08 (as instrument No.

05677735 ) (in Hospital Lien Book, Page 2008050861 ) 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 DAMEN BANKS

Regarding Patient Account Number 05677735 in the amount of TWO THOUSAND

FIFTY DOLLARS AND 90/100 Dollars (\$ 2,050.90 )

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# 1057949  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SS