

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 029506

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

INDIANA INSURANCE PO BOX 7186

INDIANAPOLIS, IN 46207 CL#303282960

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

4<sup>TH</sup> day of September 20 08

and recorded on the

18<sup>TH</sup> day of September 20 08 (as instrument No.

05658941

) (in Hospital Lien Book, Page

2008065655

) 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

KAREN HAYES

Regarding Patient Account Number

05658941

in the amount of

TWO THOUSAND

THREE HUNDRED TWENTY FIVE AND 00/100

05658941 Dollars (\$

2,325.00)

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

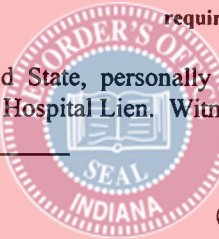
(STATE OF INDIANA)  
( ) SS:  
(COUNTY OF LAKE )

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

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 SJ