

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 029509

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

VIKING INSURANCE PO BOX 8021

DAVENPORT, IA 52808 CLM#42A347549

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.

05721794

) (in Hospital Lien Book, Page

2008065658

) 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

ABDULKADIR BARE

Regarding Patient Account Number

05721794

in the amount of

TEN THOUSAND

TWO HUNDRED FORTY SEVEN AND 90/100

Lake County Recorder Dollars (\$

10,247.90

)

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

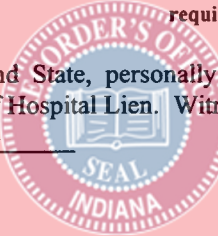
20

14

My Commission Expires: 2/14/17

Residing in Lake County, Indiana

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# 057249  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY S