

2014 029513

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

GEICO INSURANCE ONE GEICO CENTER

MACON, GA 31201 CL#03452128001-01-011

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

14<sup>TH</sup> day of August 20 08

and recorded on the

27<sup>TH</sup> day of August 20 08 (as instrument No.

05708068

) (in Hospital Lien Book, Page

2008060870

) 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

VICKI MCINTOSH

Regarding Patient Account Number

05708068

in the amount of

FOUR THOUSAND

SEVENTY TWO AND 70/100

Dollars (\$

4,072.70

)

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

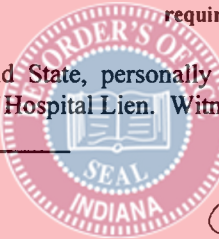
20

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 8