STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029523

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 CO. PO BOX 440519

KENNESAW, GA 30160 CL#5560643255   in connection with the Notice of

Intention to Hold Hospital Lien which was executed the   18TH   day of   September   20 08

and recorded on the   29TH   day of   September   20 08   (as instrument No.

05723369   ) (in Hospital Lien Book, Page   2008067391   ) 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   MARY SANCHEZ

Regarding Patient Account Number   05723369   in the amount of   TWO THOUSAND

NINE HUNDRED THIRTEEN AND 90/100   Dollars ($ 2,913.90   )

the Recorder is hereby authorized to release said lien solely as to the above described party this

12TH   day of   MAY   20   14

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.**

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

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

LISA E. WARD, Notary Public

This instrument was prepared by Alison Adams, Patient Representative, The Community Hospital

AMOUNT $ 12-
CASH____ CHARGE
CHECK#___ 057999
OVERAGE_____
COPY_____
NON-CONF._____
DEPUTY_____