

2014 030257

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 MAY 27 PM 1:31

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

PROGRESSIVE INSURANCE PO BOX 2862

CLINTON, IA 52733 CL#094723120

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

16<sup>TH</sup> day of September 20 09

and recorded on the

23<sup>RD</sup> day of September 20 09 (as instrument No.

50204124

) (in Hospital Lien Book, Page

2009064984

) 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 LABAS

Regarding Patient Account Number

50204124

in the amount of

THREE THOUSAND

FIVE HUNDRED EIGHTY FIVE AND 00/100

Dollars (\$

3,585.00

)

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

19<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 19<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

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