

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 030267

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

AAA INSURANCE 975 MERIDIAN LAKE DRIVE

AURORA, IL 60504 CL#IL3346897

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

17<sup>TH</sup> day of December 20 08

and recorded on the 23<sup>RD</sup> day of December 20 08 (as instrument No. 05798703

05802150 ) (in Hospital Lien Book, Page 2008086337 ) 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 CAROL WEISE

05798703

Regarding Patient Account Number

05802150

in the amount of

FORTY FIVE THOUSAND

THREE HUNDRED SIXTY THREE AND 70/100 Dollars (\$ 45,363.70 )

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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