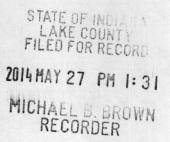
2014 030268



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 I	NSURANCE ONE GEICO CENTER
MACON, GA 31296 CL#012488463010107	in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	
and recorded on the 23 RD day of December	20 08 (as instrument No.
05662740) (in Hospital Lien Book, Page	2008086328) 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 ZAGHARY NOVATH	FICIAL!
Regarding Patient Account Number Document 18	in the amount of FIVE THOUSAND
NINE HUNDRED EIGHTY FIVE AND 50/100 Lake Coun	ty Recordilars (\$ 5,985.50)
the Recorder is hereby authorized to release said lien solely as to the above described party this	
19 TH day of MAY 20 14	alisin adams
(STATE OF INDIANA)	ALISON ADAMS-PATIENT FINANCIAL SUPPORT I affirm under the penalties for perjury, that I have taken reasonable
()SS:	care to redact each Social Security number in this document, unless
(COUNTY OF LAKE)	required by law.
Before me, a Notary Public in and for said County and State, personally appeared <u>ALISON ADAMS</u> who acknowledged the execution of the foregoing Release of Hospital Lien. Witness my hand and Notarial Seal this 19 TH Day of MAY 20 14	
My Commission Expires: 2/14/17	MANUTAL ALLANDON
Residing in Lake County, Indiana	LISA-E. WARD, Notary Public
This instrument was prepared by Alison Adams, Patient Representati	tive, The Community Hospital

12-658054 am