

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 048172

2014 AUG 12 AM 8:41

MICHAEL B. BROWN
RECORDER
The Community Hospital
961 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 PO BOX 440519
KENNESAW, GA 30160 CL#1569266172 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 17TH day of September 20 04
and recorded on the 19TH day of October 20 04 (as instrument No.
8885142) (in Hospital Lien Book, Page 2004089019) 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 ORA KENNEDY JR.

Regarding Patient Account Number 8885142 in the amount of TWO THOUSAND
EIGHT HUNDRED TWENTY AND 00/100 Dollars (\$ 2,820.00)

the Recorder is hereby authorized to release said lien solely as to the above described party this
5TH day of August 20 14

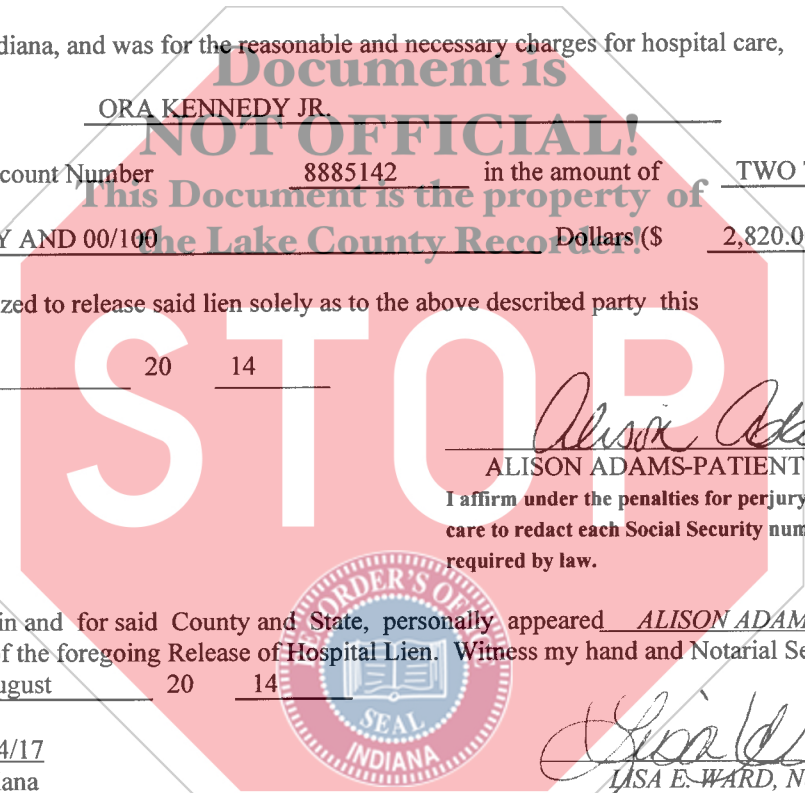
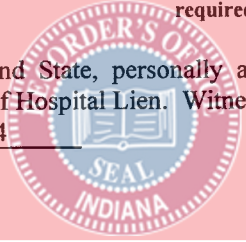
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

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 5TH Day of August 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



AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK # 059039
OVERAGE _____
COPY _____
NON-COM _____
CLERK nr