

2014 048174

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 AUG 12 AM 8:41

MICHAEL S. 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 PO BOX 440519

KENNESAW, GA 30160 CL#0198885709

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

18TH day of MAY 20 11

and recorded on the

23RD day of MAY 20 11 (as instrument No.

06538333)

(in Hospital Lien Book, Page

2011028464

) 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

KEVIN BRADLEY

Regarding Patient Account Number

06538333

in the amount of

THREE THOUSAND

SEVEN HUNDRED NINETEEN AND 62/100

Dollars (\$

3,719.62)

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

Lisa E. Ward
LISA E. WARD, Notary Public

AMOUNT \$ 12-

CASH _____ CHARGE _____

CHECK # 059039

OVERAGE _____

COPY _____

NON-COM _____

CLERK nr