

2014 048180

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 AUG 12 AM 8:42

MICHAEL J. STOWN  
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

STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#14-1814-315

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 7<sup>TH</sup> day of October 20 04

and recorded on the 8TH day of December 20 04 (as instrument No.

1060601 ) (in Hospital Lien Book, Page 2004103553 ) 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 KATHRYN DAVIDSON

Regarding Patient Account Number 1060601 in the amount of THREE THOUSAND

THREE HUNDRED FIVE AND 25/100 Dollars (\$ 3,305.25 )

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

5<sup>TH</sup> 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 5<sup>TH</sup> Day of August 20 14

My Commission Expires: 2/14/17  
Residing in Lake County, Indiana

*Lisa E. Ward*  
LISA E. WARD, Notary Public

This instrument was prepared by Alison Adams, Patient Representative, The Community Hospital

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 059039  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK rw