

2014 048183

2014 AUG 12 AM 8: 42

MICHAEL S. SAUWThe Community Hospital RECORDER 901 MacArthur Blvd.
Munster, Indiana 46321

CLERK _ LA

RELEASE OF HOSPITAL LIEN

This is to certify that a certain claim by MUNSTER MEDICAL RESEARCH FOUNDATION

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d/b/a THE COMMUNITY HOSPITAL against AMER	ICAN FAMILY INSURANCE 7330 SHADELAND
STATION ST. #190 INDIANAPOLIS, IN 46256 CL#1159-9824-	-02-89-FPPA-IN in connection with the Notice of
Intention to Hold Hospital Lien which was executed the	19 TH day of December 20 05
intention to Hold Hospital Lien which was executed the	day of <u>December</u> 20 05
and recorded on the 30 TH day of December	20 05 (as instrument No.
02436917,02454490	
02468059) (in Hospital Lien Book, Page	2005115593) 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 BRANDON HEMRICK	Helle 15
02436917 & 0245449	OFICIAL
Regarding Patient Account Number 024680	in the amount of NINE THOUSAND
This Document	
SEVEN HUNDRED SEVENTY TWO AND 00/100 ke Cou	nty Reco Pollars (\$ 9,772.00)
d. D I I	the shave described nexts, this
the Recorder is hereby authorized to release said lien solely as to t	the above described party this
5 TH day of August 20 14	
	allism Cams
	ALISON ADAMS-PATIENT FINANCIAL SUPPORT
(STATE OF INDIANA)	I affirm under the penalties for perjury, that I have taken reasonable
() SS: (COUNTY OF LAKE)	care to redact each Social Security number in this document, unless
(COUNT OF LAKE)	R's
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 TH Day of August 20 14	
My Commission Expires: 2/14/17	A Choo dulara
Residing in Lake County, Indiana	LISA E. WARD, Notary Public
This instrument was prepared by Alison Adams, Patient Represent	
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	AMOUNT & /2-
	CASH CHARGE
	CHECK # 059039
	OVERAGE
	COPY
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	AND THE PARTY OF T