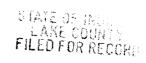
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MICHAEL B. B. The Community Hospital RECORDER Munster, Indiana 46321

NON-COM CLERK AN

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 I			FARM INSURANCE PO BOX 661011				
DALLAS, TX 75266 CL#14-1927-472			in connection with the Notice of				
Intention to Hold Hospital Lien which was executed the			5 TH	day of	October	20	05
and recorded on the	day of	December	2005	(as i	nstrument No.		
3280069	_) (in Hospital Lien	Book, Page	2005112808) 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 SUSAN GOODWIN							
Regarding Patien	t Account Number	3280069 ocument is	in the a	amount of perty	of TWO THOU	SANE	<u> </u>
FIVE HUNDRED THIRT				_			_)
the Recorder is hereby authorized to release said lien solely as to the above described party this							
day ofAug	gust 20			Own	adans)	CLIDDART
(STATE OF INDIANA)	ALISON ADAMS-PATIENT FINANCIAL SUPPORT I affirm under the penalties for perjury, that I have taken reasonable						
(COUNTY OF LAKE)	SS:		care to reda required by		al Security number in t	his doc	ıment, unless
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 <u>5TH</u> Day of <u>August</u> 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.							
This monument was propu	area oy minoni maning	i açıont itopresonat.	ive, The Conn	namely 110.	prius		
					AMOUNT &	1	2 _
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