

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050132

2014 AUG 21 AM 9:06

MICHAEL B. 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 WEST BEND INSURANCE 1900 SOUTH 18TH AVE.

WEST BEND, WI 53095 CL#AE44579 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 3RD day of September 20 13

and recorded on the 9TH day of September 20 13 (as instrument No.

3000524940) (in Hospital Lien Book, Page 2013065910) 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 BRYAN KUIPER

Regarding Patient Account Number 3000524940 in the amount of NINE THOUSAND

ONE HUNDRED SIXTY NINE AND 19/100 Dollars (\$ 9,169.19)

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

12TH 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 12TH 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

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