STATE OF IRLA LAKE COUNTY FILED FOR RECORLA

2014 050135

2014 AUG 21 AM 9: 06

MICHAEL The Community Hospital RECORPHENIACAPTHUR 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 SAFECO INSURANCE PO BOX 461				
ST. LOUIS, MO 63166 CL#500641732		in connection with the Notice of		
Intention to Hold Hospital Lien which was executed the		6 TH day o	f August	20 04
and recorded on the 3^{RD} d	ay of September	20 04	(as instrument No.	
8121789) (in Hospit	al Lien Book, Page	2004075519) in the off	ice of the
Recorder of LAKE County, Indiana, and was for the reasonable and necessary charges for hospital care,				
treatment and maintenance of R	ANDY JOHNSON	FICIAL		
Regarding Patient Account Number 8121789 in the amount of ELEVEN THOUSAND				
FIVE HUNDRED TWENTY FOUR AND 75/100 ake County Reco Dollars (\$ 11,524.75)				
the Recorder is hereby authorized to rele 12 TH day of August				<u> </u>
		ALISON AI	AMS-PATIENT FIR	NANCIAL SUPPORT
(STATE OF INDIANA)			*	at I have taken reasonable
(COUNTY OF LAKE)	THE	care to redact each	Social Security number	in this document, 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 12 TH Day of August 20 14				
My Commission Expires: 2/14/17 Residing in Lake County, Indiana LISA E. WARD, Notary Public				
This instrument was prepared by Alison Adams, Patient Representative, The Community Hospital				

12-059110 AN