

2014 050138

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 AUG 21 AM 9:06

MICHAEL S. 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 ALLSTATE INSURANCE PO BOX 9231

FARMINGTON, MI 48333 CL#15692433593 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 26<sup>TH</sup> day of JULY 20 04

and recorded on the 17<sup>TH</sup> day of August 20 04 (as instrument No.

8628529 ) (in Hospital Lien Book, Page 2004069905 ) 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 NICHOLE FREEMAN

Regarding Patient Account Number 8628529 in the amount of THREE THOUSAND

FOUR HUNDRED ONE AND 25/100 Dollars (\$ 3,401.25 )

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

12<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 12<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

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AN