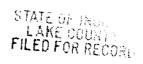
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2014 AUG 21 AM 9: 06

MICHAEL The Community Hospital RECORDED1 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.	
) (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 the Lake County Reco 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	
alism Colaris	
(STATE OF INDIANA)  ALISON ADAMS-PATIENT FINANCIAL SUPPOR  I affirm under the penalties for perjury, that I have taken reasonal	
(STATE OF INDIANA)  I affirm under the penalties for perjury, that I have taken reasonal  care to redact each Social Security number in this document, unles	
(COUNTY OF LAKE )	5
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 <sup>TH</sup> 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 NN