

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 050139

2014 AUG 21 AM 9:06

MICHAEL B. TROTT Community Hospital  
RECORDER 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

HARTSFIELD VILLAGE 10000 COLUMBIA AVE

MUNSTER, IN 46321

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

13<sup>TH</sup> day of JULY 20 04

and recorded on the

29<sup>TH</sup> day of JULY 20 04 (as instrument No.

8397054

) (in Hospital Lien Book, Page

2004063794

) 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

SOPHIE SLAWKOWSKI

Regarding Patient Account Number

8397054

in the amount of

TWO THOUSAND

ONE HUNDRED EIGHT FOUR AND 50/100

Dollars (\$

2,184.50

)

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:

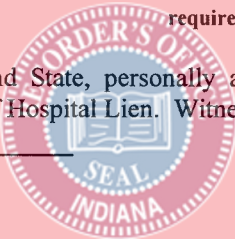
(COUNTY OF LAKE )

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

This instrument was prepared by Alison Adams, Patient Representative, The Community Hospital



Lisa E. Ward  
LISA E. WARD, Notary Public

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059110  
AM