

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 050140

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

STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#141783291

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 17<sup>TH</sup> day of JUNE 20 04

and recorded on the 7<sup>TH</sup> day of JULY 20 04 (as instrument No.

8419602 ) (in Hospital Lien Book, Page 2004056870 ) 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 HELEN ZALAG

Regarding Patient Account Number 8419602 in the amount of FOUR THOUSAND

ONE HUNDRED TWO AND 00/100 Dollars (\$ 4,102.00 )

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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