

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050142

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

STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#14-1779-313

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

7TH day of JUNE 20 04

and recorded on the

7TH day of JULY 20 04

(as instrument No.

8354776

) (in Hospital Lien Book, Page

2004056867

) 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

MICHAEL STEVENSON

Regarding Patient Account Number

8354776

in the amount of

ELEVEN THOUSAND

SEVEN HUNDRED EIGHTEEN AND 50/100

Dollars (\$

11,718.50

)

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

12TH

day of

August

20

14

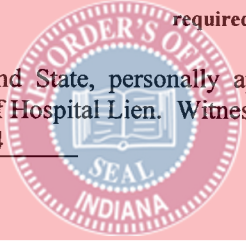
(STATE OF INDIANA)

() 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 12TH 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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