

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050145

2014 AUG 21 AM 9:06

MICHAEL J. COOPER
RECORDER
The Community Hospital
900 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

PROGRESSIVE INSURANCE 5521 W LINCOLN HIGHWAY

CROWN POINT, IN 46307 CL#042378807

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 26TH day of February 20 04

and recorded on the 2ND day of MARCH 20 04 (as instrument No.

9045167) (in Hospital Lien Book, Page 2004023391) 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 SCOTT COGAN


Regarding Patient Account Number 9045167 in the amount of TWO THOUSAND

ONE HUNDRED SIXTY NINE AND 00/100 Dollars (\$ 2,169.00)

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-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


LISA E. WARD, Notary Public

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

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