

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050146

2014 AUG 21 AM 9:06

MICHAEL D. TOWN Community Hospital
RECORDER 501 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

AMERICAN STANDARD PO BOX 7093

INDIANAPOLIS, IN 46207 CL#541405070

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

25TH day of February 20 04

and recorded on the

2ND day of MARCH 20 04

(as instrument No.

7648890

) (in Hospital Lien Book, Page

2004023390

) 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

RUSSELL LIVINGSTON

Regarding Patient Account Number

7648890

in the amount of

FOURTEEN THOUSAND

SEVEN HUNDRED SIXTY NINE AND 75/100

Dollars (\$

14,769.75)

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:

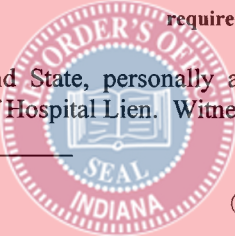
(COUNTY OF LAKE)

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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