

2014 050148

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

SAFEWAY INSURANCE 790 PASQUINELLI DR

WESTMONT, IL 60559

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 4TH day of February 20 04

and recorded on the 20TH day of February 20 04 (as instrument No.

5715541) (in Hospital Lien Book, Page 2004014491) 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 CONFESSOR VELEZ JR.

Regarding Patient Account Number 5715541 in the amount of THREE THOUSAND

NINE HUNDRED THIRTY FIVE AND 25/100 Dollars (\$ 3,935.25)

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

Lisa E. Ward
LISA E. WARD, Notary Public

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

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