

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050153

2014 AUG 21 AM 9:07

MICHAEL D. 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 FARM BUREAU INSURANCE 4145 US 41
SCHERERVILLE, IN 46375 CL#11L-1150591 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 15TH day of January 20 04
and recorded on the 29TH day of January 20 04 (as instrument No.
7430097) (in Hospital Lien Book, Page 2004000194) 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 BENEDICT BUROS

Regarding Patient Account Number 7430097 in the amount of FOUR THOUSAND
ONE HUNDRED NINETY SIX AND 00/100 Dollars (\$ 4,196.00)

the Recorder is hereby authorized to release said lien solely as to the above described party this
12TH day of August 20 14

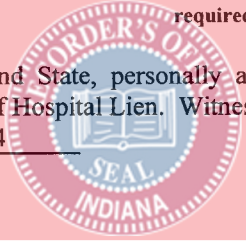
(STATE OF INDIANA)
() SS:
(COUNTY OF LAKE)

Alison Adams
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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