

2014 051805

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 AUG 28 AM 8:30

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 PROGRESSIVE CASUALTY INSURANCE 4700 SMITH RD

SUITE F CINCINNATI, OH 45212 CL#031891405 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 26<sup>TH</sup> day of November 20 03

and recorded on the 29<sup>TH</sup> day of December 20 03 (as instrument No.

7229136 ) (in Hospital Lien Book, Page 2003135371 ) 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 CHRISTIAN SANCHEZ-SILVA

Regarding Patient Account Number 7229136 in the amount of TWO THOUSAND

EIGHT HUNDRED FOURTEEN AND 00/100 Dollars (\$ 2,814.00 )

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

19<sup>TH</sup> 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 19<sup>TH</sup> 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

AMOUNT \$ 12-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 059286  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK AN

