

2014 060606

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 OCT -6 PM 12: 23

MICHAEL E. 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

STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266 CL#14-1681035

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

18<sup>TH</sup> day of August 20 03

and recorded on the

18<sup>TH</sup> day of September 20 03 (as instrument No.

6546753

) (in Hospital Lien Book, Page

2003097854

) 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

JEANETTE YONKMAN

Regarding Patient Account Number

6546753

in the amount of

TEN THOUSAND

EIGHT HUNDRED EIGHTY THREE AND 25/100

Dollars (\$

10,883.25

)

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

23<sup>RD</sup>

day of

September

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 23<sup>RD</sup> Day of September 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



AMOUNT \$ 12-  
CASH CHARGE  
CHECK# 059638  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF 8  
DEPUTY \_\_\_\_\_