

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 060620

2014 OCT -6 PM 12: 24

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

FARM BUREAU INSURANCE 2145 HIGHWAY 41

SCHERERVILLE, IN 46375

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

27TH day of December 20 02

and recorded on the

23RD day of January 20 03 (as instrument No.

5212716

) (in Hospital Lien Book, Page

2003007939

) 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

WACLAW KOSMULSKI

Regarding Patient Account Number

5212716

in the amount of

TWO THOUSAND

TWENTY TWO AND 00/100

Dollars (\$

2,022.00

)

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

30TH

day of

September

20

14

(STATE OF INDIANA)

() SS:

(COUNTY OF LAKE)

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 30TH 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



Alison Adams

Lisa E. Ward
LISA E. WARD, Notary Public

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 059739
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY S