

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 060628

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

MERIDIAN STATE AUTO INSURANCE 2955 NORTH

MERIDIAN ST INDIANAPOLIS, IN 46208 CL#3645216-15

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 22<sup>ND</sup> day of January 20 03

and recorded on the 5TH day of February 20 03 (as instrument No.

5348598 ) (in Hospital Lien Book, Page 2003012804 ) 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 DAPHENE BOGGS

Regarding Patient Account Number 5348598 in the amount of FIFTEEN THOUSAND

SEVEN HUNDRED THREE AND 80/100 Dollars (\$ 15,703.80 )

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

30<sup>TH</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 30<sup>TH</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

Lisa E. Ward  
LISA E. WARD, Notary Public

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 059739  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY SS