

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 060636

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

STATE FARM INSURANCE PO BOX 661011

DALLAS, TX 75266

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

31<sup>ST</sup> day of MARCH 20 03

and recorded on the

10<sup>TH</sup> day of APRIL 20 03 (as instrument No.

5793992

) (in Hospital Lien Book, Page

2003036580

) 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

TINA VOTOUX

Regarding Patient Account Number

5793992

in the amount of

SIX THOUSAND

SIX HUNDRED THREE AND 10/100

Dollars (\$

6,603.10

)

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 )

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



*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.



*Lisa E. Ward*  
LISA E. WARD, Notary Public

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