

2014 070362

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 NOV -6 AM 9:52

MICHAEL D. 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

GEICO INSURANCE ONE GEICO CENTER

MACON, GA 31296

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 20TH day of JUNE 20 02

and recorded on the 5TH day of JULY 20 02 (as instrument No.

4140519) (in Hospital Lien Book, Page 2002060061) 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 JOHN STRINGFELLOW

Regarding Patient Account Number 4140519 in the amount of FOUR THOUSAND

EIGHT HUNDRED EIGHTY SEVEN AND 80/100 4,887.80)

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

27TH day of October 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 27TH Day of October 20 14

My Commission Expires: 2/14/17
Residing in Lake County, Indiana

Lisa E. Ward
LISA E. WARD, Notary Public

This instrument was prepared by Alison Adams, Patient Representative, The Community Hospital

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 060119
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SS