

STATE OF IN.
LAKE COUNTY
FILED FOR RECORD

2014 074216

2014 NOV 20 PM 1:56

MICHAEL J. 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 ALLSTATE INSURANCE INSURANCE 1000 EAST 80TH

PLACE MERRILLVILLE, IN 46410 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 24TH day of OCTOBER 20 01

and recorded on the 31ST day of October 20 01 (as instrument No.

2644703) (in Hospital Lien Book, Page 2001087926) 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 VOJISLAV KESIC

Regarding Patient Account Number 2644703 in the amount of TWO THOUSAND

EIGHT HUNDRED TWO AND 75/100 2,802.75

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

11TH day of November 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 11TH Day of November 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# 060671
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY ✓

