

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 081640

2014 DEC 23 AM 11:15

MICHAEL S. 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 PO BOX 357

HUDSON, OH 44236 CL#0256861576

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

30TH day of OCTOBER 20 12

and recorded on the

6TH day of November 20 14 (as instrument No.

3000273208

) (in Hospital Lien Book, Page

2012078398

) 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

PATRICK A. BUSH

Regarding Patient Account Number

3000273208

in the amount of

THIRTY NINE

THOUSAND THREE HUNDRED EIGHT AND 19/100

39,308.19

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

16TH

day of

December

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

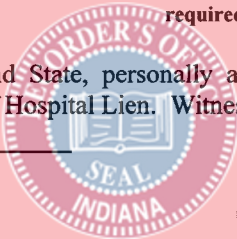
this 16TH Day of December 20 14

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# 07748
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY J