

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 081641

2014 DEC 23 AM 11:15

MICHAEL 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

PROGRESSIVE INSURANCE PO BOX 512926

LOS ANGELES, CA 90051 CL#134109702

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

6TH day of MARCH 20 13

and recorded on the

11TH day of MARCH 20 13 (as instrument No.

3000422069

) (in Hospital Lien Book, Page

2013018019

) 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

MICHAEL GARCIA

Regarding Patient Account Number

3000422069

in the amount of

ELEVEN THOUSAND

SIX HUNDRED SIXTY THREE AND 00/100

11,663.00

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)

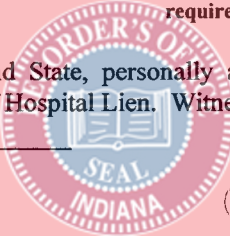
Alison Adams
ALISON ADAMS-PATIENT FINANCIAL SUPPORT
I affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

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 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



Lisa E. Ward
LISA E. WARD, Notary Public

AMOUNT \$ 12-
CASH _____ CHARGE _____
CHECK# 077748
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY J