

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 081642

2014 DEC 23 AM 11:15

MICHAEL W. 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 CL#14-197TX703 in connection with the Notice of

Intention to Hold Hospital Lien which was executed the 14TH day of October 20 14

and recorded on the 23RD day of October 20 14 (as instrument No.

3000858718) (in Hospital Lien Book, Page 2014067269) 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 SILVIA TORRES

Regarding Patient Account Number 3000858718 in the amount of FIVE THOUSAND

THREE HUNDRED SIXTY FOUR AND 80/100 5,364.80

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

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# 07778
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY SP