

2014 081643

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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

HANOVER INSURANCE PO BOX 15146

WORCESTER, MA01615 CL#1500148180

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

1<sup>ST</sup> day of October 20 13

and recorded on the

7<sup>TH</sup> day of October 20 13 (as instrument No.

3000555659

) (in Hospital Lien Book, Page

2013073483

) 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

APOSTOLOS COLLAROS

Regarding Patient Account Number

3000555659

in the amount of

NINE THOUSAND

FIVE HUNDRED SEVENTEEN AND 44/100

9,517.44

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

16<sup>TH</sup> 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 16<sup>TH</sup> 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