

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 072425

2015 OCT 26 PM 3:58

MICHAEL B. 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

USAA INSURANCE P.O. BOX 5000

DAPHNE, AL 36526 CL#018760909-19

Document is

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

14TH

day of

SEPTEMBER

20 15

and recorded on the

22ND

day of

SEPTEMBER

as instrument No.

3001241034

(in Hospital Lien Book, Page

2015065195

) 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

MARIO L. RODRIGUEZ

Regarding Patient Account Number

3001241034

in the amount of

SEVEN THOUSAND

NINE AND 89/100

\$7,009.89

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

19TH day of

OCTOBER

20

15



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.

(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 19TH Day of OCTOBER 20 15

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# 753628
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY 88