

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 019107

2016 MAR 28 PM 1:23

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

PROGRESSIVE INSURANCE P.O. BOX 512926

LOS ANGELES, CA 90051 CL#15-4439455

in connection with the Notice of

Intention to Hold Hospital Lien which was executed the

7TH

day of

DECEMBER

20

15

and recorded on the

15TH

day of

DECEMBER

20

day of

(day instrument No.

3001432450, 3001434113

3001486375, 3001587717)

(in Hospital Lien Book, Page

2015 083289

) 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

MELISSA L BECKER

3001432450, 3001434113, 3001486375

Regarding Patient Account Number

3001587717

in the amount of

NINETEEN THOUSAND

FIVE HUNDRED FORTY TWO AND 00/100

\$19,542.00

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

14TH day of

MARCH

20

16



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 14TH Day of MARCH 20 16

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 # 776649

OVERAGE _____

COPY _____

NON-COM _____

CLERK _____